RESPONSE TO MEDICAL MANAGEMENT CONSULTANTS
SOLICITATION SCC060004

PRESENTED TO

STATE OF ARIZONA STRATEGIC CONTRACTING CENTERS ON BEHALF OF THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

BY

SCHALLER ANDERSON OF ARIZONA, L.L.C.

November 9, 2005

November 9, 2005

Ms. Jamey Schultz
State of Arizona Strategic Contracting Centers
Arizona Health Care Cost Containment System Administration
701 East Jefferson Street
Phoenix, Arizona 85034

RE: RFP № SCC060004: Medical Management Consultants

Dear Ms. Schultz:

Schaller Anderson of Arizona, L.L.C. ("Schaller Anderson") is pleased to present this proposal to perform medical management consulting services for various State of Arizona agencies under this Request for Proposals (RFP) issued October 4, 2005.

Schaller Anderson has a long history of service to various agencies coordinating health care services on behalf of Arizonans, including the AHCCCS program and state employees. An overview of Schaller Anderson can be found in response to Section 3.2.1 of the Special Instruction requirements of this proposal.

We are available to respond to any questions that Strategic Contracting Centers may have regarding our capabilities, experience and this proposal. Please contact me at (602) 659-2031 regarding any questions that you may have or further information required.

We look forward to assisting Strategic Contracting Centers in meeting the requirements of this procurement.

Sincerely,

Schaller Anderson of Arizona, L.L.C.
By: Schaller Anderson, Incorporated, Its Manager

By: Arthur L. Pelberg, M.D.
Its: President and Chief Medical Officer

ALP/th

Medical Management Consultants

Solicitation # SCC060004

Offer

TO THE STATE OF ARIZONA
The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer. Signature also certifies Small Business status.

Tax Information

Arizona Transaction (Sales) Privilege Tax License No. Not applicable
Federal Employer Identification No. 86-0842559

Location Information

Company Name: Schaller Anderson of Arizona, L.L.C.
Address: 4645 East Cotton Center Boulevard, Building 1, Suite 200
Phoenix, Arizona 85040

Clarification Information

Name: Arthur L. Pelberg, M.D.
Phone: (602) 659-2031 Fax: (602) 659-1322

Signature

Name: Arthur L. Pelberg, M.D. Date: November 9, 2005
Schaller Anderson of Arizona, L.L.C.
By: Schaller Anderson, Incorporated, Its Manager
Title: By: Arthur L. Pelberg, M.D.
Its: President and Chief Medical Officer
Signature: Arthur L Pelberg MD

Certification

By Accepting below, the bidder certifies:
1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The bidder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 75.5 or A.R.S. §§ 41-1461 through 1465
3. The bidder has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
4. The bidder certifies that the above referenced organization __ is X is not a small business with less than 100 employees or has gross revenues of $4 million or less.

Acceptance

The Offer is hereby accepted.
The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State.
This contract shall henceforth be referred to as Contract No._____. The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contact release document or written notice to proceed.

State of Arizona Awarded This _____ day of _____
Procurement Officer: _____

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3. Proposal Information: The proposal should include at least the following information:

3.1 Qualifications of Assigned Personnel:

3.1.1 Offeror should provide a list of the names and titles of all proposed key personnel; clerical staff is not considered key personnel.

Qualifications for assigned personnel are contained in their resumes, which appear in Section 3.1.3. Following the list of names below are two tables which show the positions each person is being proposed for.

- Joseph P. Anderson, Chairman and Chief Executive Officer, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Vernon C. Barksdale, M.D., M.P.H., Chief Medical Officer, Schaller Anderson Behavioral Health, Incorporated, Phoenix, Ariz.
- Donna Checkett, M.P.A., M.S.W., Senior Vice President for Medicare and Medicaid Programs, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Thomas R. Cheek, M.D., Vice President of Medical Informatics, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Mark H. Clark, Pharm.D., Corporate Director of Pharmacy, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Mary K. Dewane, Vice President for Medicare and Medicaid Programs, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Deidra M. Dorsey, Executive Director, Schaller Anderson of Tennessee, LLC, Nashville, Tenn.
- Paul S. Drinkwater, M.D., Consultant , Medical Management, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Virginia M. Durán, M.S., R.N., Vice President, Quality Management, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Brian K. Fischer, C.P.A., Vice President of Finance, Managed Health Plans, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Todd Galloway, F.S.A., M.A.A.A., Vice President of Actuarial Services, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Eric C. Hunter, Executive Director, Schaller Anderson Healthcare, L.L.C., Phoenix, Ariz.
- James L. Johnson, Ph.D., Vice President of Commercial Operations, SABH of Arizona, Incorporated, Phoenix, Ariz.
- Garell E. Jordan, Director, Healthcare Economics, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Yon Yoon Jorden, Chief Financial Officer, Schaller Anderson, Incorporated
- Coleen Kivlahan, M.D., M.S.P.H., Senior Vice President and Corporate Medical Director, Schaller Anderson, Incorporated
- Jacques Knez, M.B.A., Vice President of Operations, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

- Paul Lawrey, Director, Project Management, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Sharon Lee, R.N., Medical Claims Review Specialist, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Michelle Matiski, J.D., Senior Vice President of Legal Affairs, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Carole A. Matyas, M.S.W., Vice President, Behavioral Health Services, Schaller Anderson Behavioral Health, Incorporated, Phoenix, Ariz.
- Maureen McGurrin, Director of Special Needs Populations, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Joseph Mislove, J.D., M.B.A., Chief Counsel for Compliance and Regulatory Affairs, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Arthur Pelberg, M.D., M.P.A., President and Chief Medical Officer, Schaller Anderson, Incorporated, Phoenix, Ariz.
- Deborah J. Perkins, M.B.A., Director of Care Management, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Jay T. Roundy, M.A., D.P.A., Chief Operating Officer, Schaller Anderson Behavioral Health, Incorporated, Phoenix, Ariz.
- Stephanie Saba, Pharm.D., Corporate Pharmacist, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- John Schaller, M.D., Medical Director, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Eileen P. Shaw, Manager, Case and Disease Management, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Robert K. Thielen, D.D.S., Dental Director, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Patricia E. Weathers, R.N., M.S.N., Vice President of Medical Management, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Linda K. Wertz, Vice President for Business Development, Schaller Anderson, Incorporated, Austin, Texas
- Neil West, M.D., Medical Director, Group Consulting, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.
- Clyde Wright, M.D., Special Consultant, Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Schaller Anderson of Arizona, L.L.C.
AHCCCS Medical Management Consultants RFP
Proposed Personnel - Response Section 3.1 - Alphabetical Order
November 9, 2005

Proposed Personnel	3.1 Program Review & Evaluation	3.2 Program Consultation	3.4 Statistician	3.5 Mgt Cons Healthcare Practice	3.6 Mgt Cons Strategic Planning	3.7 Mgt Cons Medical Mgt	3.8 Mgt Cons Healthcare Research	3.9 Mgt Cons Psychiatric
J Anderson	X	X		X	X			
V Barksdale, MD								X
D Checkett	X	X		X	X			
T Cheek, MD	X	X		X	X	X	X	
M Clark, PharmD	X	X		X	X	X	X	X
M Dewane	X	X		X	X			
D Dorsey	X	X			X		X	
P Drinkwater, MD *	X	X		X		X		
V Duran, RN	X	X		X	X	X	X	
B Fischer	X	X			X	X	X	
T Galloway	X	X	X		X	X	X	
E Hunter	X				X			
J Johnson	X	X		X	X	X	X	X
G Jordan		X	X			X	X	
Y Jorden	X	X	X		X			
C Kivlahan, MD	X	X		X	X	X	X	X
J Knez	X	X			X	X	X	
P Lawrey	X	X	X	X	X	X	X	X
S Lee, RN	X			X		X		
M Matiski	X	X		X	X	X		
C Matyas	X	X			X		X	X
M McGurrin	X			X		X		
J Mislove	X	X		X		X	X	
A Pelberg, MD	X	X		X	X	X	X	X
D Perkins	X	X		X		X		
J Roundy	X	X			X			X
S Saba, PharmD	X			X		X	X	X
J Schaller, MD	X			X		X		
E Shaw	X			X		X		
R Thielen, DDS	X			X	X	X	X	
P Weathers	X	X		X	X	X	X	
L Wertz*	X	X		X	X			
N West, MD	X	X	X	X	X	X	X	
C Wright, MD	X	X		X	X	X		

* Subcontractor

Schaller Anderson of Arizona, L.L.C.
AHCCCS Medical Management Consultants RFP
Proposed Personnel - Response Section 3.1 - By Labor Category
November 9, 2005

Labor Categories / Participants	3.1 Program Review & Evaluation	3.2 Program Consultation	3.4 Statistician	3.5 Mgt Consulting Healthcare Practice	3.6 Mgt Consulting Strategic Planning	3.7 Mgt Consulting Medical Management	3.8 Mgt Consulting Healthcare Research	3.9 Mgt Consulting Psychiatric
Project Manager	Paul Lawrey	Paul Lawrey	Paul Lawrey	Paul Lawrey	Paul Lawrey	Paul Lawrey	Paul Lawrey	Paul Lawrey
Principals/Partners	Joseph P. Anderson Arthur L. Pelberg, MD	Joseph P. Anderson Arthur L. Pelberg, MD	Yon Jorden	Joseph P. Anderson Arthur L. Pelberg, MD	Joseph P. Anderson Arthur L. Pelberg, MD	Arthur L. Pelberg, MD Coleen Kivlahan, MD	Arthur L. Pelberg, MD Coleen Kivlahan, MD	Arthur L. Pelberg, MD Jay Roundy
Senior Consultants	Donna Checkett Mary Dewane Deidra Dorsey Virginia Duran, RN Brian Fischer Todd Galloway Eric Hunter Yon Jorden Jacques Knez Maureen McGurrin Michelle Matiski Carole Matyas Joseph Mislove Deborah Perkins Jay Roundy Eileen Shaw Patricia Weathers Linda Wertz *	Donna Checkett Mary Dewane Deidra Dorsey Virginia Duran Brian Fischer Todd Galloway Garrell Jordan Yon Jorden Jacques Knez Michelle Matiski Carole Matyas Joseph Mislove Deborah Perkins Jay Roundy Patricia Weathers Linda Wertz *	Todd Galloway Garell Jordan	Donna Checkett Mary Dewane Virginia Duran, RN Maureen McGurrin Michelle Matiski Joseph Mislove Deborah Perkins Eileen Shaw Patricia Weathers Linda Wertz *	Donna Checkett Mary Dewane Deidra Dorsey Virginia Duran, RN Brian Fischer Todd Galloway Eric Hunter Yon Jorden Jacques Knez Michelle Matiski Carole Matyas Jay Roundy Patricia Weathers Linda Wertz *	Virginia Duran, RN Brian Fischer Todd Galloway Garell Jordan Jacques Knez Maureen McGurrin Michelle Matiski Joseph Mislove Deborah Perkins Eileen Shaw Patricia Weathers	Deidra Dorsey Virginia Duran, RN Brian Fischer Todd Galloway Garell Jordan Jacques Knez Carole Matyas Joseph Mislove Patricia Weathers	Carole Matyas
Staff Consultants **								
Physicians	Thomas Cheek, MD Paul Drinkwater, MD * Coleen Kivlahan, MD John Schaller, MD Neil West, MD Clyde Wright, MD	Thomas Cheek, MD Paul Drinkwater, MD * Coleen Kivlahan, MD Neil West, MD Clyde Wright, MD	Neil West, MD	Thomas Cheek, MD Paul Drinkwater, MD * Coleen Kivlahan, MD John Schaller, MD Neil West, MD Clyde Wright, MD	Thomas Cheek, MD Coleen Kivlahan, MD Neil West, MD Clyde Wright, MD	Thomas Cheek, MD Paul Drinkwater, MD * Coleen Kivlahan, MD John Schaller, MD Neil West, MD Clyde Wright, MD	Thomas Cheek, MD Neil West, MD	Coleen Kivlahan, MD
RNs	Sharon Lee, RN			Sharon Lee, RN		Sharon Lee, RN		
Dentists	Robert Thielen, DDS			Robert Thielen, DDS	Robert Thielen, DDS	Robert Thielen, DDS	Robert Thielen, DDS	
Pharmacists	Mark Clark, PharmD Stephanie Saba, PharmD	Mark Clark, PharmD		Mark Clark, PharmD Stephanie Saba, PharmD	Mark Clark, PharmD	Mark Clark, PharmD Stephanie Saba, PharmD	Mark Clark, PharmD Stephanie Saba, PharmD	Mark Clark, PharmD Stephanie Saba, PharmD
Psychologists	James Johnson	James Johnson		James Johnson	James Johnson	James Johnson	James Johnson	James Johnson
Pyschiatrists **								Vernon Barksdale, MD
Audiologists **								
Other **								

* Subcontractor. Any subcontractors to be assigned to a project will be determined based upon task order requirements and the State's prior approval.

** Staff Consultants from across Schaller Anderson's depth of experience will be available to best meet the specific requirements of each task order received. The staff consultants proposed in response to each task order will be subject to the state's prior approval as part of the task order process. This methodology will also be used for additional resources that may be necessary by task order, such as for an audiologist, other health practitioner or other staff, which may be deemed necessary to best meet the requirements presented.

3.1.2 The offeror should submit a brief biographical sketch related to the experience, technical expertise, qualifications, and responsibilities as related to the Scope of Work for each key person.

JOSEPH P. ANDERSON, CHAIRMAN AND CHIEF EXECUTIVE OFFICER, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

In 1986 Mr. Anderson cofounded Schaller Anderson, Incorporated. Today he oversees the management and administration of the corporation and its subsidiaries, located in Arizona, California, Delaware, Missouri, Maryland, Tennessee, and Texas. He serves on the Medicaid Managed Care National Review Committee of the Center for Health Care Strategies, funded by The Robert Wood Johnson Foundation, and is past president of Central Arizona Shelter Services, Inc. Mr. Anderson has held executive positions in state government, including deputy director of the Arizona Health Care Cost Containment System and the Arizona Department of Administration. Additionally, he served 10 years with the Arizona Department of Economic Security.

VERNON C. BARKSDALE, M.D., M.P.H., CHIEF MEDICAL OFFICER, SCHALLER ANDERSON BEHAVIORAL HEALTH, INCORPORATED, PHOENIX, ARIZ.

Dr. Barksdale is responsible for utilization management and prior authorization as well as design and implementation of case management, disease management, network development, and quality improvement programs. He has spent much of his career dealing with substance abuse. Before joining Schaller Anderson he was associate medical director for CIGNA Behavioral Care in Dallas, Texas, and medical director for Charter Hospital in Glendale, Ariz., and a number of other hospitals and clinics while maintaining a private practice.

Dr. Barksdale is board certified in psychiatry and certified in addiction medicine by the American Society of Addiction Medicine. He is also a certified clinical investigator by the Drug Information Association. Dr. Barksdale is a member of the American Society of Addiction Medicine, Inc., and the American Psychiatric Association.

DONNA E. CHECKETT, M.P.A., M.S.W., SENIOR VICE PRESIDENT FOR MEDICARE AND MEDICAID PROGRAMS, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Ms. Checkett serves as the primary liaison to both federal and state government agencies. She became chief executive officer of Missouri Care in 1997, assuming management of all aspects of this Medicaid health plan with 30,000 members and 49 percent of the market share in central Missouri. The plan, with a $55 million budget, is wholly owned by the University of Missouri and operated by Schaller Anderson of Missouri, L.L.C.

As director of the Missouri Division of Medical Services, she designed and implemented all aspects of a statewide Medicaid managed care program that enrolled 290,000 Medicaid recipients, almost half of the entire Medicaid population. She has served on the Medicaid Improvements Work Group of the National Governors' Association, which convened to expedite the Medicaid waiver process, and as chair of the National Association of State Medicaid Directors. She is chair of the National Advisory Committee for Covering Kids, a Robert Wood Johnson Foundation national program office that distributes $50 million to all 50 states to fund outreach and simplification of eligibility for Medicaid.

She has delivered presentations to numerous national audiences, including The Robert Wood Johnson Foundation Board of Directors, the American Association of Retired People, Kaiser Commission of the Future of Medicaid, the National Association of Children's Hospitals and Related Institutions and the National Association of Community Health Centers. She has testified on Medicaid issues before the U.S. Senate Finance Committee and the U.S. House of Representatives Commerce Committee.

THOMAS R. CHEEK, M.D., VICE PRESIDENT OF MEDICAL INFORMATICS, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Dr. Cheek developed and implemented a pharmacy savings plan for TennCare (Tennessee Medicaid) that includes potential saving of $120 million by using innovative pharmacy solutions. He developed and implemented medical management information strategy for the development of a 90,000-member Medicaid plan for the State of Delaware, including risk stratification of members, case and disease management strategies, pharmacy identification of high-risk members, and development of new case management package.

As chief medical officer for Missouri Care Health Plan, Columbia, Mo., he led the medical management department. His oversight responsibilities encompassed prior authorization, utilization management, case management, quality management, pharmacy management and implementation of M&R guidelines. Before joining Missouri Care, Dr. Cheek was an assistant professor of clinical medicine in the Department of Internal Medicine, School of Medicine, University of Missouri–Columbia.

MARK H. CLARK, PHARM.D., CORPORATE DIRECTOR OF PHARMACY, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Dr. Clark's responsibilities include managing the pharmacy benefit for all contracted plans, centralizing the pharmacy prior authorization process, monitoring and analyzing pharmacy utilization, overseeing the PBM relationship, developing guidelines and policies related to drug utilization, and assisting health plans in pharmacy-related activities and programs.

Before joining Schaller Anderson, Dr. Clark was corporate pharmacy director for Mercy Care Plan in Phoenix. In that position, he managed the pharmacy benefit and pharmacy prior authorization unit; contracted the pharmacy network, claims processor and rebates; monitored and analyzed pharmacy utilization; developed policies related to drug utilization; and participated in disease management program development and other plan-related activities involving the pharmacy benefit.

Dr. Clark has been involved in pharmacy management since 1985. Prior to that he was an adjunct clinical professor at the University of South Carolina School of Medicine and an assistant professor at the University of South Carolina School of Pharmacy. He received his doctor of pharmacy degree from Creighton University in Omaha.

MARY K. DEWANE, VICE PRESIDENT FOR MEDICARE AND MEDICAID PROGRAMS, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Ms. Dewane develops Medicaid strategies for managed care, care management, and state and provider financing. She works with CMS and senior state officials to craft meaningful Medicaid quality and cost-containment initiatives. Before joining Schaller Anderson she was CEO of CalOptima, Orange County, part of California's Medicaid program, with approximately 340,000 members, where she hired 240 staff, secured $4 million in loans for startup capital, and developed provider network, information systems, call center and other operational components.

As director, Office of Medicaid Managed Care, Health Care Financing and Administration, Department of Health and Human Services, Baltimore, Md., she administered the Medicaid Managed Care program nationally. This program spends $1.5 billion annually for approximately five million Medicaid enrollees. As chief operating officer, University Health Care, Inc., U-Care HMO, University of Wisconsin Hospital and Clinics, Madison, Wis., she was responsible for a plan with approximately 15,000 members. As director and then deputy director of the Bureau of Health Care Financing, Division of Health, Wisconsin Department of Health and Social Services, Madison, she managed the Wisconsin Medicaid HMO program, which had approximately 130,000 members.

DEIDRA M. DORSEY, EXECUTIVE DIRECTOR, SCHALLER ANDERSON OF TENNESSEE, LLC, NASHVILLE, TENN.

Ms. Dorsey directs all aspects of operations of Schaller Anderson of Tennessee, LLC. She develops, implements and administers strategies for management of medical policy, clinical guidelines and medical necessity review processes. She also oversees the development and operations of the central registry system, ProLaw, for the TennCare Solutions Unit, Office of Contract Development and Compliance, and Office of General Counsel. She develops objectives, policies and action plans for making operational recommendations to the Bureau of TennCare, and she manages process changes within the TennCare Solutions Unit, Office of Contract Development and Compliance, and the Medical Solutions Unit.

Before joining Schaller Anderson of Tennessee, Ms. Dorsey was the compliance officer and vice president of compliance, credentialing and consumer affairs for United Healthcare in several Southern states. She assured the sound fiscal operation of the department, including the timely, accurate and comprehensive development of an annual budget. She established and maintained department policies and procedures and quality improvement programs.

PAUL S. DRINKWATER, M.D., CONSULTANT , MEDICAL MANAGEMENT, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Dr. Drinkwater performs medical reviews and consults with medical directors at all plans regarding issues pertinent to all aspects of the medical rehabilitation field, especially for ABDs. He has had a private practice in physical medicine and rehabilitation for nearly 20 years.

VIRGINIA M. DURÁN, M.S., R.N., VICE PRESIDENT, QUALITY MANAGEMENT, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. Durán assists with the development and implementation of projects in the areas of managed care, Quality Improvement System for Managed Care (QISMC) and case management and utilization management programs, including the functions of prior authorization and medical claims review. She develops and implements quality management programs and facilitates development and implementation of data collection tools, physician profiling, quality and utilization reports, and practice guidelines.

As director of medical management at Arizona Physicians IPA, Inc., in Phoenix, she was responsible for oversight and coordination of administrative and operational functions of the Medical Management Department, which included prior authorization, medical claims review and case management.

As director of quality review at Phoenix Memorial Hospital she was responsible for hospitalwide quality assurance. Direct reports included support services functions, such as social service, admitting, discharge planning, infection control, utilization, risk management, medical staff services, and medical records.

She was previously employed at Mesa General Hospital in Mesa, Ariz., Samaritan Health Services in Phoenix, Ariz., Indio Community Hospital in Indio, Calif., and El Centro Community Hospital in El Centro, Calif.

BRIAN K. FISCHER, C.P.A., VICE PRESIDENT OF FINANCE, MANAGED HEALTH PLANS, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Mr. Fischer oversees the financial operations of Schaller Anderson's managed health plans. His corporate responsibilities include financial contract oversight, claims/payment auditing, third-party liability collections and various financial evaluations, projections, budgeting and analysis. He reports results to the Schaller Anderson executive management, health plan executive management and health plan operating boards.

As the chief executive officer of Maryland Physicians Care, a managed care organization, his duties included monitoring the effectiveness of health plan activities and reporting results to the board of directors and Maryland regulatory agencies. Prior to his tenure as CEO, Mr. Fischer was the chief financial officer for the health plan, with primary responsibility for the financial operations of the plan, including budgeting, financial analysis, rate negotiations, investments and coordination with the Schaller Anderson of Arizona Operations Center for processing claims. Earlier positions included chief financial officer for the Community Partnership of Southern Arizona, a regional behavioral health plan in Tucson, Ariz., senior analyst at CIGNA Healthcare of Arizona, and manager of financial reporting for Arizona Physicians IPA, Inc.

TODD GALLOWAY, F.S.A., M.A.A.A., VICE PRESIDENT OF ACTUARIAL SERVICES, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Mr. Galloway develops and oversees pricing and actuarial analyses for health plans administered by Schaller Anderson affiliates in Arizona, California, Delaware, Maryland,

Missouri, and Texas. He also conducts and oversees actuarial consulting activities, such as Medicaid and commercial pricing, assessing reserve adequacy and health plan operational and financial reviews.

Prior to joining Schaller Anderson, Mr. Galloway was a principle health care consultant and government actuarial sector leader for William Mercer, Incorporated, in Phoenix. In that capacity he developed actuarial consulting strategies and technical best practices. He evaluated and priced clients' financial risks (including rates, reinsurance and risk arrangements) and developed rate-setting methodologies that itemized the effects of contracting and networks, acuity and demographics, utilization management, quality initiatives and reserving methods.

ERIC C. HUNTER, EXECUTIVE DIRECTOR, SCHALLER ANDERSON HEALTHCARE, L.L.C., PHOENIX, ARIZ.

Mr. Hunter is responsible for all aspects of Schaller Anderson Healthcare, including provider relations, medical management, account management, finance, and operations for large employer self-funded health plans. He joined Schaller Anderson in 1996 and has served in numerous leadership roles. As CEO of Schaller Anderson of Oklahoma, L.L.C., he was responsible for financial, medical and operations management of Heartland HealthPlan of Oklahoma, a managed care plan sponsored by the University of Oklahoma serving more than 100,000 Medicaid and Child Health Insurance Plan recipients.

As director of strategic planning for Schaller Anderson, Incorporated, Mr. Hunter was responsible for developing, integrating and monitoring the progress on corporate, plan and individual goals. As chief operating officer for Schaller Anderson of Maryland, L.L.C., he was responsible for the operational functions of Maryland Physicians Care, a managed care organization.

JAMES L. JOHNSON, PH.D., VICE PRESIDENT OF COMMERCIAL OPERATIONS, SABH OF ARIZONA, INCORPORATED, PHOENIX, ARIZ.

Dr. Johnson is responsible for the day-to-day operations and implementation of new at-risk and self-funded plans. He manages behavioral staff models located in Phoenix and Tucson, assists with system-wide projects, and oversees utilization management operations.

Before joining Schaller Anderson, Dr. Johnson maintained his own clinical practice specializing in adolescents and adults and was a consultant specializing in the managed behavioral healthcare industry. As vice president of compliance and policy development for CIGNA Behavioral Health in Phoenix, Dr. Johnson oversaw organizational compliance efforts for the HIPAA and ERISA. He also directed customer and provider contracting, state licenses as a third-party administrator and utilization review organization, Department of Insurance complaint management, policy development and management, risk management, and management of all provider and participant appeals. Other positions for CIGNA Behavioral Health included vice president of clinical administration for the Health Plan Services Division; regional clinical director, Western region for the Health Plan Services Division; executive director for the Health Plan Services Division; and various behavioral health program manager positions.

GARELL E. JORDAN, DIRECTOR, HEALTHCARE ECONOMICS, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Ms. Jordan has 11 years' experience in accounting and actuarial analysis. She is responsible for assessing financial risks and opportunities in Schaller Anderson affiliated health plans. She oversees development of predictive risk models, member and provider profiling applications and analyses, and the development and maintenance of actuarial datamarts and decision support tools. As director of financial planning and analysis for Mercy Care Plan, she directed health plan analytical functions, including the development of budgets, quarterly best estimates, capitation rate development, contracts analysis and medical trend analysis to identify drivers of performance variation. In earlier positions, as operations manager, controller, and accountant, she either oversaw or was intimately involved in all financial and accounting functions for multiple organizations.

YON YOON JORDEN, CHIEF FINANCIAL OFFICER, SCHALLER ANDERSON, INCORPORATED

Ms. Jorden is responsible for all financial aspects of Schaller Anderson, Incorporated and the health plans it administers. As executive vice president and chief financial officer of AdvancePCS, she developed productive relationships with the financial community, including key buy and sell analysts, and created the company's first internal audit function, establishing efficacious company-wide safeguards and controls consistent with emerging best practices for corporate governance. As executive vice president and chief financial officer of Informix, she designed a complex and comprehensive financial and operational re-engineering and restructuring plan to restore revenue and earnings growth to a troubled company. As executive vice president and chief financial officer of Oxford Health Plans she was a key strategist with the new management team that achieved the hugely successful turnaround of the financially distressed organization. As senior vice president and chief financial officer of Wellpoint Health Networks, Inc., and Blue Cross of California she was a key strategist on the development team executing over $1 billion of successful acquisitions.

COLEEN KIVLAHAN, M.D., M.S.P.H., SENIOR VICE PRESIDENT AND CORPORATE MEDICAL DIRECTOR, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Dr. Kivlahan evaluates all medical management strategies for Schaller Anderson's Medicaid populations. As medical director of Fantus Health Center she supervised internal medicine, family practice, OB/GYN and pediatrics practices; specialty services, such as psychiatry, diabetes, asthma, and hypertension programs; and an urgent care center providing over 80, 000 visits annually. She created a model chronic disease site for minorities with diabetes and hypertension who have no primary care physician, redesigned the General Medicine Clinic, and created a fast track for urgent care, reducing wait time from six or eight hours to 45 minutes.

As associate dean/director of health improvement for University of Missouri Health Care, Columbia, she created an Office of Clinical Effectiveness, which achieved statewide recognition for high quality in its second year. She received the 2001 AAMC Humanism in Medicine award and built the first office for tracking, reporting and improving clinical outcomes at MUHC, saving the system over $1.5 million in two years from clinical practice changes in improvement projects. She built the first electronic adverse event reporting system, now used in every unit in University Hospital and being reviewed for state and national use by CMS, the Missouri

Hospital Association, and the MUHC PRO. She also created a leadership program for midcareer, multidisciplinary professionals, funded by the Academic Medicine and Managed Care Forum, that dramatically improved retention of high-quality clinical faculty, improved morale and enhanced innovation.

While she was cabinet director of the Missouri Department of Health, the department received statewide recognition for its approach to the 1993 flood and the public health impact. She increased childhood immunization rates from among the lowest in the nation to one of the highest in four years and increased the number of doctors willing to perform sexual assault exams on young children statewide and developed a nationally known program to identify and prevent childhood fatalities.

JACQUES KNEZ, M.B.A., VICE PRESIDENT OF OPERATIONS, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Mr. Knez is responsible for day-to-day operations and implementation of new self-funded plans, assisting with system-wide projects, and overseeing service center operations, including medical and dental claims processing, member services and prior authorization call centers, and account setup and configuration. Before joining Schaller Anderson, he spent 10 years with CIGNA HealthCare in a number of capacities, including vice president of process and technology, vice president of employer services, senior director of the Western region employer services, senior director of business improvement, and director of planning and analysis.

Before joining CIGNA he was senior associate of financial advisory services at PricewaterhouseCoopers in New York, where he managed the design, development and execution of a mortgage loan valuation system for a major Wall Street investment bank as a basis for a $600 million public offering. He also built and managed bond cash flow models for major Wall Street investment banks public offerings and private placements of asset-backed securities in excess of $2 billion.

PAUL LAWREY, DIRECTOR, PROJECT MANAGEMENT, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Mr. Lawrey sees that all projects are properly scoped and that project management protocols are followed. He provides technical and administrative project management support to the CEO and other executives, including coordination of project management, business and systems initiatives, and monitoring and reporting of strategic goals and objectives. He directs the integration of initial and revised task forecasts into technical, resource, cost and schedule reports.

For the past six years he has taught project management principles and systems at Keller Graduate School of Management, Phoenix.

Before joining Schaller Anderson he spent 14 years with Caremark in Scottsdale, culminating in his establishing and maintaining the Project Management Office, and three years with McDonell Douglas Helicopter in Mesa.

SHARON LEE, R.N., MEDICAL CLAIMS REVIEW SPECIALIST, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. Lee reviews UB92 claims for inpatient, outpatient and emergency rooms, and HCFA 1500 professional surgical, medical and transportation claims. She utilizes CPT, ICD 9 and HCPC coding and reviews these claims based on Medicare/ Medicaid reimbursement policies. She helped develop the Medical Claims Review Department to handle a larger volume of claims. She had similar responsibilities at Arizona Physicians IPA, in Phoenix. In previous positions she was a nurse for a PPO, a physician, and in various hospitals.

MICHELLE MATISKI, J.D., SENIOR VICE PRESIDENT OF LEGAL AFFAIRS, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Ms. Matiski served as Schaller Anderson's primary outside counsel from the company's formation in 1986 until joining the company full time in 2002. She is responsible for business initiatives, transactions and contracts for the organization and its affiliated health plans. Prior to joining Schaller Anderson, she was a member of the law firm Osborn Maledon, P.A., and its predecessor firm, Mercer Hendricks Victor Osborn and Maledon, P.A., in Phoenix. Her practice focused on general corporate and growth company representation, including capital and finance transactions, operations, mergers, acquisitions, and real estate. At the law firm Winston & Strawn she was an associate from 1980 to 1986 and partner from 1986 to 1988. She is past chair of Phoenix Body Positive HIV Research and Resource Center and past chair of the business law section of the Arizona state bar. She is also co-author of Volumes 8 and 9 of *Arizona Legal Forms, Business Organizations, Corporations*, 2nd ed. (West Publishing, 2001 and 2002).

CAROLE A. MATYAS, M.S.W., VICE PRESIDENT, BEHAVIORAL HEALTH SERVICES, SCHALLER ANDERSON BEHAVIORAL HEALTH, INCORPORATED, PHOENIX, ARIZ.

Ms. Matyas is responsible for setting up public sector behavioral health organizations. Before joining Schaller Anderson she was vice president of public programs for ValueOptions, where she oversaw all departments and operations related to public sector contracts, including a large staff and call center operations, and managed a $140 million budget. As vice president of regional operations for Comprehensive Behavioral Care Inc. she managed all departments, contracts, and service for the Western region, overseeing and administering a large Medicaid contract with various HMO clients and managing a multimillion-dollar budget and all regional operations. In 2003 she received the Pamela Blumenthal Memorial Award from the Mental Health Association of Greater Dallas for long-term commitment to quality of care and dedicated delivery of services to people with mental illness.

MAUREEN MCGURRIN, DIRECTOR, SPECIAL NEEDS POPULATIONS, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. McGurrin assists health plans managed by Schaller Anderson affiliates to improve services to culturally diverse populations of elderly and physically and developmentally disabled. She develops, enhances and oversees implementation of health care processes to improve and maintain the health of special populations. She assists special needs coordinators, directors of medical management and others to coordinate and evaluate outcomes. In addition, she develops resources to understand individual state, federal and other requirements of special needs populations. She assists in developing and presenting training and education programs

concerning special populations and provides technical assistance for government proposals and consultations.

Ms. McGurrin led the Schaller Anderson team that provided consulting services to the Comprehensive Medical and Dental Plan, Arizona's managed Medicaid health plan for foster children statewide. These consulting services encompassed the development of strategies, processes and materials for the management of provider networks, primary care provider service delivery models, provider training and education, and the provider manual.

Before joining Schaller Anderson she was a health care consultant in Louisville, Ky., where she wrote proposals for Medicaid contracts, and manager of long-term care (ALTCS and Developmentally Disabled) and specialty populations for Arizona Physicians IPA, Inc.

JOSEPH MISLOVE, J.D., M.B.A., CHIEF COUNSEL FOR COMPLIANCE AND REGULATORY AFFAIRS, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Mr. Mislove has practiced health care law since 1989 in both private practice and as in-house counsel. He directs compliance activities and counsels management on health care regulatory issues for Schaller Anderson, Incorporated and the company's wholly owned subsidiaries. Prior to joining Schaller Anderson, Mr. Mislove was a member of Coppersmith Gordon Schermer Owens & Nelson P.L.C., in Phoenix, focusing on advice to Schaller Anderson, health care providers, and managed care organizations in varied regulatory, operational, reimbursement, compliance and transactional matters. He did similar work while of counsel to Lewis and Roca LLP. He began his health care law career as in-house counsel to Arizona Physicians IPA, Inc., a provider-sponsored Medicaid health plan then administered by Schaller Anderson. He has written and lectured extensively on health care law topics, including regulation of claim payment practices, peer review, managed care contracting, the National Practitioner and the Healthcare Integrity and Protection Data Banks, medical record confidentiality, sentinel events under JCAHO, and EMTALA.

ARTHUR PELBERG, M.D., M.P.A., PRESIDENT AND CHIEF MEDICAL OFFICER, SCHALLER ANDERSON, INCORPORATED, PHOENIX, ARIZ.

Dr. Pelberg directs the CEOs and medical directors of the managed care organizations administered by Schaller Anderson affiliates in Arizona, California, Delaware, Maryland, Missouri, and Texas as well as our consulting services to the Bureau of TennCare in Tennessee. He also oversees the medical management department, including quality and utilization systems, and the provider relations departments. He previously served as vice president and corporate medical director for Arizona Physicians IPA, Inc. under a Schaller Anderson management contract. He was responsible for all aspects of medical management for the 141,000-member Medicaid managed care organization.

Founder of South Mountain Physicians, P.C., in 1981, Dr. Pelberg was its primary-care physician, board certified in internal medicine. He oversaw its growth to a multispecialty group practice with 17 physicians and contracts with multiple managed care organizations. Before that he was general medical officer and service unit director for the Indian Health Service in White River and Keams Canyon, Ariz.

He has been a clinical instructor in the Good Samaritan Regional Medical Center Internal Medicine Residency Program, is past president and current board member of the American College of Medical Quality, a member of the Area Advisory Committee for the Medicare Competitive Bid Project, and has been a special consultant to the Hopi and White Mountain Apache tribes and a reviewer for the National Committee for Quality Assurance. He has published articles in peer-reviewed journals and frequently lectures and consults at national and regional seminars related to managed care and medical management.

DEBORAH J. PERKINS, M.B.A., DIRECTOR OF CARE MANAGEMENT, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. Perkins is responsible for analyzing, developing, implementing and evaluating medical management programs for all Schaller Anderson health plan affiliates. She develops training to ensure adequate systems and staffing infrastructure and support for medical management.

Before joining Schaller Anderson she was for 12 years vice president of administration for a large hospital in Maryland and spent nine years as administrative director of a hospital in Nevada.

JAY T. ROUNDY, M.A., D.P.A., CHIEF OPERATING OFFICER, SCHALLER ANDERSON BEHAVIORAL HEALTH, INCORPORATED, PHOENIX, ARIZ.

Dr. Roundy is responsible for all operations of the Schaller Anderson behavioral health division. Before joining Schaller Anderson, he was president and CEO of Alignment Technologies, Inc., collaborating with clients to assess, design, deliver and evaluate performance solutions based on behavioral science and human and organizational performance principles. As vice president of the Western region for MCC Behavioral Health (now CIGNA), he was responsible for all operations and financial results in 25 Western states. In previous positions he served as VP/CEO of East Valley Camelback Hospital, assistant administrator of Desert Samaritan Medical Center, and executive director of Tri-City Community Behavioral Health Center.

He has expertise in organizational, team and individual behavior and performance. He has conducted research on organizational behavior and leadership as they relate to results-oriented performance. Dr. Roundy is a member of the American Society for Public Administration, and the Western Social Science Association. Active in the community, he is a member of the Mesa Ho Ho Kam service group; the Mesa Ho Ho Kam Foundation, currently serving as president; and has been a member of the Mesa Rotary Club since 1983, serving as president from 1999 to 2000. In addition, he is treasurer of the Mesa Chamber of Commerce.

STEPHANIE SABA, PHARM.D., CORPORATE PHARMACIST, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. Saba helps the corporate director of pharmacy develop programs and authorization guidelines to promote the efficient delivery of pharmacy services while applying appropriate criteria and policies for authorization requests. She is responsible for the review and timely processing of requests for authorizations for pharmacy services from health professionals.

Before joining Schaller Anderson she was pharmacy director/clinical pharmacist for Humana Health Care Plans, Phoenix; assistant director of pharmacy at Phoenix Memorial Hospital; and pharmaceutical consultant for Chandler Health Care Nursing Home.

JOHN SCHALLER, M.D., MEDICAL DIRECTOR, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Dr. Schaller oversees the effectiveness of medical management programs and is responsible for utilization management and prior authorization as well as design and implementation of case management, disease management, and quality improvement programs.

Before joining Schaller Anderson, he was lead physician for the occupational medicine department at SHARP Mission Park Medical Group in Vista, Calif. Dr. Schaller's previous health care experience includes his role as medical director for SeaRiver Maritime, Inc., in Houston, Texas and Baytown Texas Refinery in Baytown, Texas, and assistant medical director for Exxon Company in Houston, Texas. For two years, Dr. Schaller was a clinical assistant professor in the department of internal medicine at the University of Texas School of Medicine.

EILEEN P. SHAW, MANAGER, CASE AND DISEASE MANAGEMENT, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. Shaw is responsible for all case management and disease management activities as well as member initiatives for two Schaller Anderson affiliates. As manager of quality improvement for Frederick Memorial Hospital, she was responsible for all quality and risk management issues for home care and hospice. As coordinator of quality and risk management for Sinai Hospital her responsibilities included teaching, coordinating, facilitating, case finding, quality, utilization and risk issues for outpatient departments, women and children services, oncology, surgery and pediatric emergency. As discharge planner/case manager for Sinai Hospital she interacted with physicians and hospital staff in discharge planning. She was also UR/case manager for Blue Cross and Blue Shield of Maryland and QM/UR coordinator for the Veterans Administration in Baltimore.

ROBERT K. THIELEN, D.D.S., DENTAL DIRECTOR, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Dr. Thielen participates in the development of standards governing the availability of acceptable dental services within Mercy Care Plan. He helps develop policies and procedures that impact dental care, evaluates proper utilization and quality of dental services, and serves as dental liaison between providers of care, AHCCCS Administration, and other county, state, and federal dental agencies.

As a consultant he has provided comprehensive consulting in dental practice management, including sales, acquisitions, marketing, and new practice startups. He has practiced dentistry in private practice for 13 years and has taught in a clinical dental assistant program.

PATRICIA E. WEATHERS, R.N., M.S.N., VICE PRESIDENT OF MEDICAL MANAGEMENT, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Ms. Weathers is responsible for utilization review, prior authorization, health services, disease management, and case management. She oversees compliance with state and federal regulations and monitors medical trends. Before joining Schaller Anderson she was first manager of network management and then director of health services for PacifiCare of Arizona. She developed admissions avoidance programs with a focus on continuous improvement of utilization management and collaborated with finance, sales, and network management to identify indicators and benchmarks and to evaluate outcomes of service, providers, and programs. Previous positions included director of network management at Preferred Plan and state plan director at TakeCare, Inc., and Lincoln National. She also managed an MRI center, directed the nursing department at a 100-bed hospital, and taught nursing at the University of San Diego.

LINDA K. WERTZ, VICE PRESIDENT FOR BUSINESS DEVELOPMENT, SCHALLER ANDERSON, INCORPORATED, AUSTIN, TEXAS

Ms. Wertz specializes in government programs, including Medicare, Medicaid and children's health insurance. She has 31 years of experience in Texas state government, most of it in the Texas Medicaid Program. Her progression through the Texas Medicaid program took her from training field staff to six and one-half years as director of the $13 billion Medicaid program. In between she worked in various positions concerned with program operations, including day-to-day contract management for the Medicaid fiscal agent, implementation of managed care organizations and primary care case management systems, and management of state administered programs such as family planning, medical transportation, and EPSDT.

Ms. Wertz served as the chair and vice-chair for the National Association for State Medicaid Directors from 1997-2002 and was a member for the National Academy for State Health Policy from 1999-2002. She also served on the board of directors for the National Quality Forum from 2000-2002 and co-chaired the National Review Team for the Center for Health Care Strategies, Robert Wood Johnson Foundation, from 1999-2002.

NEIL WEST, M.D., MEDICAL DIRECTOR, GROUP CONSULTING, SCHALLER ANDERSON OF ARIZONA, L.L.C., PHOENIX, ARIZ.

Dr. West is responsible for measuring medical care practices and processes for Medicaid and self-funded health plans administered by the company. He supports various physician groups within provider networks of Schaller Anderson affiliates to help improve the care of asthma, diabetes and other aspects of disease management. He has more than 30 years of experience in multispecialty and single-specialty operations.

Dr. West is an active member of Academy of Health, American College of Physician Executives, Rotary International and the health care division of the American Society for Quality. He also serves on the board of trustees for American College of Medical Quality and is an associate of Eller College, University of Arizona.

He has presented on the use of statistical process control for improvement in medical practices at Wharton School of Business, Harvard School of Business, University of Arizona School of Business Administration, ACPE Outcomes Measurements for Physician Executives, the National Managed Health Care Congress and the National Institute for Health Improvement Forum.

CLYDE WRIGHT, M.D., SPECIAL CONSULTANT, SCHALLER ANDERSON OF ARIZONA, L.L.C. PHOENIX, ARIZ.

Dr. Wright is responsible for the corporate medical management oversight of the health plans administered by Schaller Anderson affiliates. He has more than 30 years of experience in health care management, dating back to 1973, when he joined Dr. Don Schaller at the Arizona Health Plan, which later became CIGNA HealthCare of Arizona. When he joined Arizona Health Plan the organization had 20,000 members. When he retired in 2002 as president and general manager, CIGNA HealthCare of Arizona had more than 500,000 members.

Dr. Wright has put a lifetime of effort into volunteer community service, focusing particularly on children. He is on the Board of Directors for the March of Dimes and serves on an advisory committee of Career Concepts for Youth, a Phoenix organization that teaches at-risk elementary school students the importance of good values, setting achievable goals and making right choices. He served on the Phoenix Youth and Education Commission, which coordinates a number of programs linking schools with business, including Principal For A Day, Youth Town Hall, and the mayor's Partnership Luncheon. He has served on the boards of Phoenix Chamber of Commerce, Phoenix Memorial Hospital Foundation, Lovelace Health Systems, Junior Achievement, and Make A Wish Foundation, and he is a former member of the Investing in Youth Panel for United Way.

3.1.3 The offeror should provide a resume for each key person which substantiates the key person possesses the experience and expertise to provide the assigned tasks and responsibilities as detailed in the Scope of Work. Each resume should include a description of the type and years of experience, training and other pertinent qualifications. Resumes should be limited to four (4) pages.

Joseph P. Anderson

Chairman and Chief Executive Officer **1987 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Responsible for overall leadership, management and administration for the corporation and its subsidiary companies nationwide. Develop and maintain effective relationships with diverse clients and audiences, including provider-owned or employer-sponsored health plans, consumers, health care providers, legislative members and governmental contracting/regulatory agencies. Responsible for directing the execution of the corporation's strategic initiatives while achieving its quality and financial goals as well as those of its clients.

One of four representatives from the United States asked by the Nuffield Trust, London, in 2002 to consult with the Health Advisor to the Prime Minister of the United Kingdom concerning the UK National Health System and the development of quality standards for health care service contracting. Instrumental in drafting legislation for Arizona's long-term care system, the nation's first statewide prepaid long-term care system for elderly, physically disabled and developmentally disabled enrollees.

President and Chief Executive Officer **1989 – 1999**
Arizona Physicians IPA, Inc. (APIPA), Phoenix, Ariz.

Under a management agreement between Schaller Anderson, Incorporated, and APIPA's owners, moved this Medicaid managed care health plan from an operating loss to a profitable position. While under SAI management, APIPA earned a full three-year NCQA accreditation, grew to nearly 140,000 members, implemented long-term care and small business health care coverage programs, and became the first Medicaid managed care plan to develop full HEDIS reporting. In 1999 APIPA was sold to UnitedHealthcare.

Deputy Director **1984 – 1986**
Arizona Health Care Cost Containment System (AHCCCS), Phoenix, Ariz.

Responsible for logistics, operations and legal affairs in the transition of the administration of 180,000 AHCCCS enrollees from a private contractor to the State of Arizona. Transition – which included creating and staffing a new department of state government, hiring 150 employees, establishing a data center and recontracting with health plans – accomplished in less than 60 days.

Following transition, directed all program operations, including provider and member grievances, financial management, policy and organizational development, grievance and appeals, contract management, audit and compliance functions, and management information

systems. The nation's first prepaid statewide Medicaid program, AHCCCS today is recognized as a national model for health care reform and has over one million enrollees.

Deputy Director **1982 – 1984**
Arizona Department of Administration, Phoenix, Ariz.

Responsible for the governor's budget office, data management, purchasing, personnel, and financial services. Directed statutory rewrite, policy development and implementation of the state personnel function and the state procurement function. Directed reform of state employees' health benefits program, requiring utilization management techniques for the indemnity program and expansion of managed care products.

Assistant Director **1980 – 1982**
Division of Business and Finance
Arizona Department of Economic Security, Phoenix, Ariz.

Responsible for contract administration, finance and accounting, personnel management, and property management.

Chief Administrative Officer **1975 – 1979**
Unemployment Insurance Program
Arizona Department of Economic Security, Phoenix, Ariz.

Responsible for budget, policy analysis, work measurement, and EEOC.

Current Professional Activities

Member, National Review Committee, Medicaid Managed Care Initiative, Center for Healthcare Strategies (funded by The Robert Wood Johnson Foundation)

Member, Governor's 9-11 Memorial Commission, appointed by Governor Jane Hull

Past Professional Activities

Chairman, Maricopa County Area Advisory Committee, Medicare Competitive Pricing Demonstration Project

Member, board of directors, Presbyterian Health Plan, Inc. and member, board of directors, Presbyterian Insurance Company, Inc., Albuquerque, New Mexico

Member, Advisory Board, Medicaid Managed Care Resource Center, National Academy for State Health Policy, The Pew Charitable Trust

Consultant to Bureau of Primary Healthcare, Health Resources Services Administration, U.S. Department of Health and Human Services, for training program for community health centers

Chairman, HCFA Medicaid Managed Care Industry Group

Member, Minority Training Program, American Association of Health Plans

Member, Medicaid Committee and Federal Legislative and Regulatory Forum, American Association of Health Plans

Member, Advisory Board, Medicaid Managed Health Congress

Member, National Advisory Committee for Strengthening the Safety Net Program, The Robert Wood Johnson Foundation

Consultant to the President's Office of Management and Budget on Alternative Delivery Systems and Financing for the Medicaid Program

Consultant to the President's Office of Management and Budget and U.S. Department of Labor on Budget Allocation Systems for Unemployment Insurance Programs

Community Service

Member, board of directors, and past president, Central Arizona Shelter Services, Inc. (homeless services)

Past president, board of directors, Kino Institute of Phoenix, Arizona, a center for adult Catholic education and ministry formation

Awards

Distinguished Achievement Award, W.P. Carey School of Business, Arizona State University, 2004

Publications

Negotiating with managed care plans: Community and migrant health centers. Bureau of Healthcare Delivery and Assistance, 1992.

Alternative healthcare delivery for the working uninsured. Institute for Consumer Policy Research, Conference on Ending Poverty, Issues for the Middle Class, Washington, D.C. November, 1986.

Birch and Davis (co-author). Preparing for prepaid health services: A challenge for community health centers, 1986.

Education

B.S., Sociology, Arizona State University, Tempe, 1974

Vernon C. Barksdale, M.D., M.P.H.

Chief Medical Officer **2004 – present**
Schaller Anderson Behavioral Health, Incorporated, Phoenix, Ariz.

Responsible for utilization management and prior authorization as well as design and implementation of case management, disease management, network development, and quality improvement programs.

Treating Clinician--NFL Program for Substances of Abuse Western Region 2000 – present

Psychiatrist, ICSL Clinical Studies, Principal/Subinvestigator Clinical Trials 1999 – 2000

Associate Medical Director **1998 – 2004**
CIGNA Behavioral Care, Inc., Dallas Operating Unit, Dallas, Texas

Managed behavioral health benefit plans per practice guidelines of the American Psychiatric Association and CIGNA Behavioral Health level of care guidelines. Responsible for network development, marketing, regulatory and NCQA/URAC compliance. Liaison with health plan medical directors and providers. Supervised and trained care managers. Met or exceeded key measures of unit performance in quality, compliance and business achievement.

Medical Director **1997 – 2000**
Charter Hospital of Glendale, Glendale, Ariz.

Physician contracting/recruiting, management of clinical directors and operations with management team, medical records and quality council chair, marketing, regulatory compliance, and direct patient care.

Private Practice **1998 – present**
Tucson and Phoenix, Ariz.

Psychiatric and addiction medicine for adolescents and adults; forensic psychiatry.

Medical Director **1996 – 1997**
Southeastern Arizona Behavioral Health System, Benson, Ariz.

Physician contracting, management, and recruiting; marketing, regulatory compliance, quality/medical records committees, direct patient care.

Medical Director **1994 – 1997**
Psychiatric Health Facility, Benson, Ariz.

Chaired Quality Management and Medical Records Committees; directed patient care; served on committee for facility's first JCAHCO accreditation.

Medical Director, Chief Executive Officer **1990 – 1997**
Outpatient Recovery Services, Inc., Tucson, Ariz.

Chemical dependency intensive outpatient

Medical Director, Behavioral Health Unit **1993 – 1994**
Cottonwood de Tucson, Tucson, Ariz.

Addiction and behavioral health residential treatment center.

Clinical Director, Addictive Disease Dual Diagnosis Tract, Inpatient Division **1989 – 1990**
Tucson Psychiatric Institute, Tucson, Ariz.

Private Practice, Addiction Medicine & Forensic Psychiatry **1985 – 1997**
Albuquerque, N. Mex. and Tucson, Ariz.

Private Practice, Adolescent, Adult & Forensic Psychiatry **1983 – 1985**
Center Psychiatrists, Ltd., Portsmouth, Va.

Professional Activities

Eisenhower Citizen Ambassador International, People to People Citizen Ambassador Program, Delegation on Chemical Dependency Issues: 23 chemical dependency treatment specialists selected from throughout the United States met with specialists in treatment and public policy formulation in Sweden, Norway, and the Federal Republic of Germany, March 10-26, 1988

Past Director, Area VII, American Academy of Psychiatrists in Alcoholism and Addictions

Past member, Parent Planning Committee on Education Issues, Tucson Urban League

Board member, The Haven, a residential treatment program for chemically dependent women, 1992-7

Guest addiction medicine expert, The Maury Povich Show, a nationally syndicated talk show, aired April 1994 and December 1994

Volunteer medical lecturer, Ebony House, a long-term residential substance abuse treatment facility, South Phoenix, 1999 – present

Research

Principal investigator, a double-blind, placebo-controlled, multicenter study of the longterm efficacy of xxxx in the maintenance of antidepressant effect in adult outpatients with major depressive disorder, 2002 – present

Principal investigator, a double-blind, placebo-controlled, multicenter study of the long term efficacy of xxxx in the maintenance of antidepressant effect in geriatric outpatients with major depressive disorder, 2002 – present

Principal investigator, a double-blind, placebo controlled, parallel-group assessment of xxxx in the prevention of relapse of symptoms of major depression, 1999-2001

Subinvestigator, an 8 week randomized, double-blind multicenter study of xxxxx and placebo in patients suffering from panic disorder to assess efficacy and safety, 1999-2001

A study of low dose xxxx, in patients with generalized anxiety disorder: a randomized, double-blind, placebo-controlled, parallelgroup, multi-center study to assess efficacy and safety

A 12 week, double-blind, fixed dose comparison of xx and xx mg daily dose of paroxetine and placebo in patients suffering from PTSD

A double-blind, randomized, multicenter, parallel, group design study to evaluate the efficacy and safety of xx dose ranges of xxxx in comparison with placebo and haloperidol in the treatment of schizophrenia

A placebo controlled, double-blind study of xxxx fixed doses of xxxx in the treatment of elderly patients with insomnia

A multicenter, randomized, double-blind xxxx controlled study of the efficacy and safety of xxxx in subjects with major depression who failed ssri treatment due to lack of efficacy

Xxxx versus placebo and xxxx in acute treatment of major depression

A double-blind, placebo controlled comparative efficacy study of xxxx and xxxx in producing remissions in out patients with major depressive disorders

Research project, prolixin decanoate presteady state pharmacokinetics, Johns Hopkins University, Department of Psychiatry, 1981

Publications

HoehnSaric; Barksdale, V. Impulsivity in obsessive-compulsive patients. 1983. *British Journal of Psychiatry,* 143:

Professional Organizations

American Society of Addiction Medicine, Inc.

American Psychiatric Association

Committee on Emotional Health, Maryland Chirugical & Medical Society, 1980-3

Certification & Licensure

Clinical investigator, 2004

Addiction medicine, American Society of Addiction Medicine

Acupuncture detoxification specialist, National Acupuncture Detoxification Association, 1990, 1995

American Board of Psychiatry & Neurology

Arizona medical license, 1989

New Mexico medical license, 1985

Training

Fellow in Forensic Psychiatry, University of Maryland Department of Psychiatry Baltimore, 1982-3

State of Virginia Department of Health Regulatory Boards

Fellow and resident in psychiatry, The Johns Hopkins University Hospital Baltimore, Md., 1979-80

Intern, Union Memorial Hospital, Department of Obstetrics & Gynecology, Baltimore, Md., 1978-9

Fellowships

Minority Fellowship Program, National Institute of Mental Health, American Psychiatric Association, 1981-2

Education

M.D., The Johns Hopkins University School of Medicine, Baltimore, Md.

M.P.H., emphasis in Health Service Administration & Health Education, The Johns Hopkins University School of Hygiene and Public Health

B.A., The Johns Hopkins University

Donna Checkett, M.P.A., M.S.W.

Senior Vice President for Medicare and Medicaid Programs **2001 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Responsible for Medicare and Medicaid business development with a specific emphasis on partnerships with states and provider-sponsored health plans. Activities include the development of solution-driven business models designed to meet the challenging and ever-changing policy and program needs of Medicaid agencies and health plans. Responsible for implementation of Medicare Special Needs Plan component of Medicare Modernization Act for dual eligibles served by Schaller Anderson and its affiliates. Primary company representative to National Association of State Medicaid Directors, National Academy of State Health Policy, National Association of State Budget Officers and Center for Health Care Strategies.

Chief Executive Officer **1997 – 2001**
Missouri Care Health Plan, Columbia, Mo.

Overall management of all aspects of Medicaid health plan managed by Schaller Anderson, including financial management, member and provider relations, medical management, complaints and grievances, compliance, and coordination with state Medicaid and other regulatory bodies. Oversight of $75 million budget, supervision of 40 Missouri staff and coordination with corporate service center for claims processing and after-hours call center. Developed and implemented quality-focused medical management program, including case management and disease management programs. Exceeded HEDIS benchmarks for nine Medicaid indicators. Improved provider satisfaction from 72 to 93 percent over a two-year period. Gained recognition by community and regulatory organizations for quality improvement programs on prenatal care, immunizations and asthma, and full compliance with all Missouri Medicaid regulatory and contractual requirements.

Director, Strategic Development **1997**
University of Missouri Health Sciences Center, Columbia, Mo.

Developed strategies, policies and contract negotiations for Medicaid risk products; developed HMO application with Medicaid as first product line; served as senior program consultant to the Center for Healthcare Strategies, a national program office providing technical assistance to states and health plans on managed Medicaid.

Director **1989 – 1997**
Missouri Division of Medical Services, Jefferson City, Mo.

Managed $3 billion annual budget serving over 600,000 Medicaid beneficiaries, with 35,000 enrolled providers and a staff of 240. Administered 43 direct service programs, five home and community-based waivers and a capitated managed care program for 290,000 Medicaid recipients. Enrolled 290,000 Medicaid recipients (48 percent of total Medicaid population) in managed care over 12 months; remarkably smooth program startup due to extensive planning and meticulous execution using project management protocols. Established policies and procedures for all aspects of Missouri Medicaid program, including medical management, regulatory compliance, waivers, federal fund matching initiatives, data analysis, budget, call

center, provider relations and education, and claims processing contract for 40 million claims annually. Represented Missouri Medicaid program to Missouri General Assembly, Congress and the public.

Chair, National Association of State Medicaid Directors (NASMD) **1994 – 1996**

Chaired quarterly joint NASMD/HCFA meetings on Medicaid issues; chaired a variety of conferences; developed bipartisan policy position on the impact of Medicaid block grants and presented this policy to HCFA, provider groups, advocacy organizations and the media. Worked closely with National Governors Association in development of Medicaid policy. Testified before the United States Senate Finance Committee and the House of Representatives Commerce Committee.

Legislative Liaison **1987 – 1989**
Missouri Department of Social Services

Coordinated legislative and lobbying activities with the Missouri General Assembly on behalf of the department. Special emphasis on Medicaid, child support enforcement and child welfare services.

Budget Analyst, Office of Administration **1983 – 1987**
Missouri Division of Budget and Planning

Analyzed budgets and made funding recommendations to the governor for the Departments of Social Services and Health.

Social Worker **1979 – 1981**
Texas Department of Human Resources

Social worker for families with child abuse and neglect problems. Directed treatment program utilizing trained volunteers to provide intensive services to families at risk.

Professional Activities

Chair, National Advisory Committee for Covering Kids, a Robert Wood Johnson Foundation national program office, 1998 – present.

Chair, National Association of State Medicaid Directors, 1994 – 1996; Executive Committee, 1992 – 1994

Chair, Advisory Board for Center for Health Care Strategies, 1994 – 1996; member, 1996 – 2000

Member, Board of State Health Notes, Intergovernmental Health Policy Project, The George Washington University, 1994 – 1996

Member, Committee to Reduce Infant Mortality, Southern Governors Association, 1993 – 1995

Education

M.P.A, University of Missouri, Columbia, 1983

M.S.W., University of Texas at Austin, 1979

B.A., University of Missouri, Columbia, 1976

Thomas R. Cheek, M.D.

Vice President of Medical Informatics **2004 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Developed and implemented pharmacy savings plan for TennCare (Tennessee Medicaid) that includes potential saving of $120 million by using creating novel and innovative pharmacy solutions. Developed and implemented medical management information strategy for the takeover of 90,000 member Medicaid plan for the State of Delaware, including risk stratification of members, case and disease management strategies, pharmacy identification of high-risk members, and development of new case management package

Chief Medical Officer **2001 – 2004**
Missouri Care Health Plan, Columbia, Mo.

Managed Medical Management Department, including utilization management, case management, quality management, pharmacy preferred list redesign and implementation of M&R guidelines. Improved concurrent review process that resulted in decreased lengths of stay. Improved pharmacy performance, holding 2003 pharmacy inflation to 1.3% (benchmark 11%). Improved child and adolescent well child screening rates: increased EPSDT participation ratio from 50% to 63%, improved key HEDIS values to greater than 75% of national Medicaid benchmarks. Implemented a successful perinatal case management program; program nationally recognized by the Center for Health Care Strategies. Implemented a successful children with special health care needs program: introduced the Children and Adolescent Health Measurement Initiative screening tool to find and assess members with special health care needs, participated in Mo-PEDs Grant to improve service to Missouri Care members with special health care needs. Implemented disease management for diabetes and asthma. Doubled lead testing rates for one and two-year olds, 20-40% and 10-20% respectively. Implemented corporate physician profiling. Implemented Milliman and Robertson criteria. Implemented statistical process control modeling for utilization management

Associate Professor of Clinical Medicine **1998 – 2001**
Department of Internal Medicine
Division of General Internal Medicine
School of Medicine, University of Missouri, Columbia, Mo.

Resident teaching and supervision, lecturing and student education.

Assistant Professor of Clinical Medicine **1998 – 2001**
Department of Medicine
Division of General Medicine
School of Medicine, University of Missouri, Columbia, Mo.

Resident teaching and supervision, lecturing and student education.

Medical Director **1999 – present**
Travel Connections
Health Information Center

University Health Science Center
School of Medicine, University of Missouri–Columbia

Oversight management and patient care for people who are traveling internationally.

Clinic Director **1999 – 2000**
University Physicians, Fairview Clinic, Columbia, Mo.

Management of a five-member group, clinic redesign and process improvement.

Internist, Partner **1993 – 1998**
Department of Internal Medicine
Straub Clinic and Hospital, Inc., Honolulu, Hi.

Chief Resident **1992 – 1993**
Section of Internal Medicine
Department of Internal Medicine
Ochsner Clinic, Jefferson, La.

Professional Societies

American College of Physicians
American College of Physician Executives
American Society of Tropical Medicine and Hygiene
American College of Medical Quality

Presentations

Cheek, T.R. December 2001. Managed Medicaid: the Missouri Care Experience. Department of Child Health, University of Missouri–Columbia School of Medicine, Columbia Mo.

Cheek, T.R. May 2000. Current concepts in travel medicine. Department of Medicine Grand Rounds, University of Missouri–Columbia, Columbia, Mo.

Cheek, T.R. February 1994. Medical decision-making in clinical practice. Straub Clinic and Hospital Grand Rounds, Honolulu, Hawaii.

Cheek, T.R. September 1992. Introduction to medical decision-making: the basics. Alton Ochsner Medical Foundation Hospital, New Orleans, La.

Cheek, T.R. June 1992. Anticoagulation and stroke in atrial fibrillation. Alton Ochsner Medical Foundation Hospital, Grand Rounds, New Orleans, La.

Cheek, T.R. January 1991. Nocardia pneumonia in an immunocompetent host. American College of Physicians Associates Meeting, New Orleans, La.

Cheek, T.R., Z.J. Twardowski, H.L. Moore, and K.D. Nolph. June 1986. Absorption of insulin and high molecular weight gelatin isocyanate solutions from the cavities of rats. Fourth Congress of the International Society for Peritoneal Dialysis, Venice, Italy.

Publications

Cheek, T.R. 1998. What's new in internal medicine. *Proceedings of the Straub Foundation* 62(1): 43.

Cheek, T.R., Z.J. Twardowski, H.L. Moore, and K.D. Nolph. 1989. Absorption of insulin and high molecular weight gelatin isocyanate solutions from the cavities of rats. *Ambulatory Peritoneal Dialysis,* ed. M.M. Avram and C. Giordano. Plenum Publishing Corp., New York.

Clinical Research

SmithKline Beecham SB-265805, A randomized, double-blinded, multicenter, parallel group study to assess the efficacy and safety of oral Gemifloxacin (factive) 320 mg once daily for five days versus oral Levofloxiacin 500 mg once daily for seven days for the treatment of acute exacerbation of chronic bronchitis. November–December 2000.

SmithKline Beecham BRL-02500, A randomized, double-blinded, double-dummy, multicenter, parallel group study to assess the efficacy and safety of oral Augmentin SR 2000/ 125 mg versus oral Augmentin 875/125 mg twice daily for seven days in the treatment of adults with bacterial community pneumonia. Fall 1999–Spring 2000.

GlaxoWellcome Inc. NAI30012, A double-blinded, randomized, placebo controlled, parallel-group, multicenter study to investigate the efficacy and safety of inhaled Zanamivir administered twice daily for five days in the treatment of symptomatic Influenza A and B viral infections in subjects aged $\geq$ 65 years. Fall 1999–Spring 2000.

Past Committees

Cerebral Vascular Accident and T.I.A. Critical Pathways Committee
Medic Replacement Committee
Patient Education Material Committee
Infection Control Committee

Residency

Chief medical resident, Alton Ochsner Medical Foundation Hospital, New Orleans, La.

Junior and senior resident, Alton Ochsner Medical Foundation, Department of Internal Medicine, New Orleans, La.

Internship

Alton Ochsner Medical Foundation, Department of Internal Medicine, New Orleans, La.

Certification

Diplomate, American Board of Internal Medicine, 1992

Licensure

M.D., State of Missouri, 116612
M.D., State of Hawaii, 8206, 1998 – present
M.D., State of Louisiana, 08367R, 1989 – 2000

Education

M.D., University of Missouri–Columbia, 1989

M.S., Physiology, Georgetown University, Washington, D.C., 1985

B.A., Chemistry, cum laude, Washington University, St. Louis, Mo., 1984

Mark H. Clark, Pharm.D.

Corporate Director of Pharmacy **2002 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Manage the pharmacy benefit for all contracted plans, centralized the pharmacy prior-authorization process, monitor and analyze pharmacy utilization, oversee the PBM relationship, develop guidelines and policies related to drug utilization, and assist plans in pharmacy-related activities and programs.

Corporate Pharmacy Director **1994 – 2002**
Mercy Care Plan, Phoenix, Ariz.

Managed the pharmacy benefit and pharmacy prior-authorization unit; contracted the pharmacy network, claims processor and rebates; monitored and analyzed pharmacy utilization; developed policies related to drug utilization; participated in disease management program development and other plan-related activities involving the pharmacy benefit.

Independent Healthcare Consultant **1994 – 1994**
River Healthcare Services, Phoenix, Ariz.

Consulted to HMOs, infusion providers and home heath agencies. Responsibilities included reviewing, developing and analyzing formularies, inpatient concurrent review, review treatment regimens and prior authorization requests.

Center Manager **1992 – 1994**
Roche Professional Service Center, Phoenix, Ariz.

Managed all aspects of homecare infusion center (business, clinical, operations and sales) and managed care contracting.

General Manager **1990 – 1992**
Caremark Connection – AIDS Treatment Centre, Phoenix, Ariz.

Developed, implemented and managed a standalone center for HIV-positive patients to receive infusion services, nutritional counseling and supportive care.

Manager **1989 – 1990**
Caremark, Phoenix, Ariz.

Managed all aspects of homecare infusion center (business, clinical, operations and sales) and managed care contracting.

Director **1988 – 1989**
Physician Care/Caremark Partnership, Phoenix, Ariz.

Partner in a private homecare infusion center. Managed all aspects of homecare infusion center (business, clinical, operations and sales) and managed care contracting.

Director of Clinical Services **1985 – 1988**
General Manager
Columbia, S.C. and Phoenix, Ariz.

Established state-of-the-art pharmacies, managed all aspects of homecare centers (business, clinical, operations and sales), managed care contracting, developed and implemented homecare programs, pharmacokinetic monitoring, nutritional evaluation and management, and patient and family counseling.

Publications

1998. Medicaid managed care: The challenges of managing the pharmacy benefit. AMCP National Meeting, Spring, Philadelphia, Pa.

1991-2. A randomized trial of Zidovudine vs. Zidovudine + Interferon Alpha-2B in patients with HIV infection.

1989. Nutritional support with Vivonex T.E.N. in HIV-positive patients with diarrhea or malabsorption. Fifth International AIDS Conference, June, Montreal, Canada.

1984. Deleterious effects of calcium administration during myocardial ischemia and potential advantages of calcium antagonists. Department of Emergency Medicine, Richland Memorial Hospital, University of South Carolina, School of Medicine, Columbia, S.C..

1981-2. Continuous intra-hepatic arterial infusions of FUDR (Floxuridine) by an ambulatory infusion device. Department of Oncology, University of Kentucky Medical Center, Lexington, Ky.

Clark, M.H., et al. 1982. Evaluation of an innovative system for intermittent intravenous drug administration. Infusion, 6 (July/August), 102-8.

Education

Postdoctoral clinical residency, Albert B. Chandler Medical Center, University of Kentucky, Lexington, Ky.

Pharm.D., Creighton University, Omaha, Neb.

B.S., Creighton University, Omaha, Neb.

B.A., Indiana University, Bloomington, Ind.

Mary K. Dewane

Vice President for Medicare and Medicaid Programs **2004 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Responsible for the development of Medicaid strategies for managed care, care management, and state and provider financing. Work with CMS and senior state officials to craft meaningful Medicaid quality and cost-containment initiatives.

Chief Executive Officer **1991 – 2004**
CalOptima, Orange, Calif.

Responsible for startup, including all aspects of design and development. Hired 240 staff, secured $4 million in loans for startup capital, and developed provider network, information systems, call center and other operational components. Responsible for annual revenues of $800 million in 2004.

Director, Office of Medicaid Managed Care, **1991 – 1994**
Health Care Financing and Administration
Department of Health and Human Services, Baltimore, Md.

Responsible for the management and administration of the Medicaid Managed Care program nationally, covering approximately five million Medicaid enrollees with expenditures of $1.5 billion annually. Key areas of focus included administration of the 1915(b) Freedom of Choice Waiver Program, development and interpretation of all regulations and policy, oversight of all state Medicaid managed care activity and technical assistance for managed care and waiver applications.

Chief Operating Officer **1989 – 1990**
University Health Care, Inc., U-Care HMO
University of Wisconsin Hospital and Clinics, Madison, Wis.

Responsible for the management and operation of key departments within U-Care HMO, serving a mix of commercial, Medicaid and medically indigent members. Responsible for quality management, provider contracting, communications, member services. Oversight of marketing and enrollment services contracts. Shared oversight with finance director for the MIS services contract. Directly supervised 11 staff members; coordinated staff of the marketing, enrollment and MIS contractors.

Deputy Director **1985 – 1986**
Director **1986 – 1989**
Bureau of Health Care Financing, Division of Health,
Wisconsin Department of Health and Social Services, Madison, Wis.

Responsible for management and operation of Wisconsin Medicaid HMO program. Responsible for negotiation and oversight of contracts with HMOs. Contracted with 17 HMOs.

Budget and Management Analyst **1978 – 1984**
Wisconsin Department of Health and Social Services, Madison

Wisconsin Department of Administration, Madison
Wisconsin Department of Development, Madison, Wis.

Responsibilities included the analysis of program and budgetary issues for the development biennial budget, advising the governor and department secretaries, and testifying before legislative committees.

Research Analyst **1974 – 1975**
Wisconsin State Senate, Madison, Wis.

Responsible for drafting legislation, floor amendments, analysis and preparation of briefing papers for senators on major pieces of legislation, and staffing conference committees.

Education

Applied linguistics, University of Wisconsin, Madison, 1981-1982

Political science, Political Science Institute, Paris, France, 1978

French language studies, Sorbonne, University of Paris, France, 1976-1977

Political science, University of Wisconsin, Madison, 1973-1974

B.S., Political Science, Communications, University of Wisconsin, Oshkosh, 1973

Deidra M. Dorsey

Executive Director **2001 – present**
Schaller Anderson of Tennessee, LLC, Nashville, Tenn.

Direct all aspects of Schaller Anderson of Tennessee, LLC, to provide high-quality management services, financial oversight and executive level communication for the Bureau of TennCare (the state of Tennessee's Medicaid program) and managed care organization leadership. Develop, implement and administer strategies for management of medical policy, clinical guidelines and appeal processes; oversee development and operation of the central registry system (ProLaw) for the TennCare Solutions Unit, Office of Contract Development and Compliance and Office of General Counsel. Develop objectives, policies and action plans for making operational recommendations to the Bureau of TennCare; manage process changes within the TennCare Solutions Unit, Office of Contract Development and Compliance and the Medical Solutions Unit. Analyze and report on activities relative to established objectives; make recommendations for improvement when targets or objectives are not met; report on achievement of objectives.

Provide guidance, direction and mentoring to the TennCare Solutions Unit as it manages the staffing and operational issues of the appeals process. Formulate, execute and maintain capital and operational budgets in conjunction with fiscal year parameters; ensure operational strategy objectives are effective expenditures of resources. Create and manage financial, personnel, administrative and training functions to ensure adequate staffing infrastructure and support as well as contractual compliance.

Compliance Officer/Vice President of Compliance,
Credentialing and Consumer Affairs **1999 – 2001**
United HealthCare, Birmingham, Ala.

Assured the sound fiscal operation of the department, including the timely, accurate and comprehensive development of an annual budget. Monitored operating budget and staffing levels for department of 30 employees. Established and maintained department policies and procedures and quality improvement programs. Ensured that operations conformed to local, state and federal (formerly HCFA, now CMS) regulations as well as accreditation requirements (NCQA/JCAHO). Helped plans in Alabama and Louisiana receive JCAHO accreditation in 2000. Maintained full working knowledge of managed care industry, competitive environment and pertinent legislation. Selected, educated, oriented and assigned department staff (either directly or through others). Developed standards of performance, evaluated performance and initiated or made recommendations for human resource actions. Provided guidance and oversight to compliance programs for the commercial and Medicare products. Directed the completion of service area expansions for commercial and Medicare products within targeted completion dates.

Oversaw the efforts of all internal departments as needed to comply with regulatory and accreditation requirements (training, policies, audits). Developed and organized methodical, documented systems for communicating, implementing and managing new and existing regulatory requirements from the Department of Insurance, Department of Public Health and

HCFA (CMS). Ensured effective and timely communications with state insurance agencies, federal entities and health department. Responded to legal issues (subpoenas for records, summons and complaints, garnishments, subrogation). Directed the activities of the Consumer Affairs Department (appeals and grievances) for Alabama, Louisiana and Mississippi. Provided direction for researching and responding to grievances, complaints and appeals (commercial, Medicare and Medicaid dual-eligible populations) by providers and enrollees. Analyzed appeals data by tracking and trending grievances/ appeals to provide appropriate feedback to applicable departments regarding quality improvement opportunities.

Director, Provider Information Management **1998 – 1999**
United HealthCare, Birmingham, Ala.

Was responsible for data maintenance in six states in addition to performing duties below for credentialing manager.

Credentialing Manager **1996 – 1998**
United HealthCare, Birmingham, Ala.

Provided oversight and management of the credentialing and recredentialing process for approximately 30,000 providers in Alabama, Arkansas, Georgia, Tennessee, Louisiana and Mississippi. Ensured accurate and timely completion of information for Credentials and Executive Oversight committees. Participated on the Delegated Activities Committee; reviewed all documents for entities seeking delegated status in credentialing. Participated as a member or consultant of the Credentials and Executive Oversight committees.

Operations Manager **1994 – 1996**
Equifax Medical Credentials Verification Service, Atlanta, Ga.

Managed day-to-day activities of verifying credentials for more than 60 healthcare organizations. Supervised more than 25 credentialing analysts in credentials verification and customer service. Handled orientation/ implementation of clients to credentials verification services. Consulted with clients on NCQA/ HCAHO requirements for the different types of providers. Developed and maintained a repository of primary-source verifications (AMA,NTIS/ DEA/ ABMS, state licensures) for more than 500,000 medical providers. Designed system enhancements to improve the credentialing database and oversaw operational CQI processes. Helped organization achieve NCQA certification for 10 out of 10 credentials verification services.

Release of Information Coordinator **1993 – 1994**
Medical Records Department
Kaiser Permanente, Atlanta, Ga.

Processed requests for release of medical information to patients and organizations and assisted physicians in completing medical forms. Coded medical records for billing and evaluated records for documentation and potential risk factors. Supervised eight medical records clerks.

Assistant Section Head of Records Management **1992 – 1993**
Medical Records Department
National Institutes of Health, DHHS, Bethesda, Md.

Managed the maintenance, control, retrieval and filing of 80,000 active medical records. Supervised 15 records management employees. Performed quality audits to ensure accuracy and adherence to procedures; identified and resolved functional issues.

Certification

Registered Health Information Administrator, American Health Information Management Association, 1992

Education

Currently pursuing M.B.A., University of Phoenix

Externship, Health Information Management Department, Johns Hopkins Hospital, 1992

B.S., Health Information Administration, Medical University of South Carolina, 1992

Paul S. Drinkwater, M.D.

Consultant, Medical Management **2000 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Perform medical reviews, consult with medical directors at all plans regarding issues pertinent to all aspects of the medical rehabilitation field, especially for ABDs.

Private Practice **1986 – present**
Physical Medicine & Rehabilitation, Phoenix, Ariz.

All aspects of private physiatric practice, including acute inpatient rehabilitation, selective office consultation, independent medical exams, and electroneurodiagnosis.

Medical Director, Institute of Rehabilitation Medicine (now BGSRI) **1984 – 1987**
Good Samaritan Medical Center, Phoenix, Ariz.

Oversaw five full-time physicians.

Full-Time Attending Staff, Institute of Rehabilitation Medicine **1978 – 1986**
Good Samaritan Medical Center, Phoenix, Ariz.

Admitted, provided medical care and supervised rehabilitation to patients.

Teaching

Clinical lecturer, Surgery Department of Orthopedics, University of Arizona Medical School, 1982-89

Residency program, Physical Medicine & Rehabilitation Institute of Rehabilitation Medicine, Good Samaritan Medical Center, 1978-86

Family practice Residency instructor in PM @ R., Good Samaritan Medical Center,1978 -87

Board Certification

American Board of PM&R, Certificate #1736, 1981

CIME, American Board of Independent Medical Examiners, 1996; renewed, 2001

Licenses

Arizona

California

Professional Organizations

American Academy of Physical Medicine & Rehabilitation

American Association of Neuromuscular & Electrodiagnostic Medicine

American Medical Association

Arizona Medical Association

Maricopa County Medical Society

Arizona Society of PM&R. (society now inactive)

Education

Residency, Physical Medicine & Rehabilitation, College of Medicine & Dentistry of New Jersey Veteran's Administration Hospital, East Orange, 1977-78

Medical internship, College of Medicine & Dentistry of New Jersey Affiliated Hospitals, Newark, 1976-77

Fifth Pathway Program, College of Medicine & Dentistry of New Jersey Rutgers Medical School, Piscataway, 1975-76

M.D. Facultad de Medicina Universidad Autonoma de Guadalajara Guadalajara, Jalisco, Mexico, 1974

B.A., Zoology and Microbiology, University of California, Riverside, 1969

Virginia M. Durán, M.S., R.N.

Vice President, Quality Management **1999 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Oversee contracted entities and strategic planning of corporate quality projects, including HEDIS collection and follow-up interventions. Help contractors develop case management, disease management and utilization management programs, including prior authorization and medical claims review. Develop and implement quality management programs, including integration of medical and quality improvement committees. Facilitate development and implementation of data collection tools, physician profiling, quality and utilization reports, and best practices guidelines. Help prepare readiness assessments by state regulatory agencies. Consulted in the areas of Medicaid managed care and preparation for accreditation by the National Committee for Quality Assurance and Quality Improvement System for Managed Care (QISMC).

Director, Medical Management **1990 – 1998**
Arizona Physicians IPA, Inc., Phoenix, Ariz.

Responsible for oversight and coordination of administrative and operational functions of medical management, including prior authorization, medical claims review, and case management. Coordinated medical director activities and medical committees, oversaw development and implementation of practice parameters (guidelines) and medical review criteria. Assisted in successful accreditation with National Committee for Quality Assurance (NCQA).

Director, Quality Review **1982 – 1990**
Phoenix Memorial Hospital, Phoenix, Ariz.

Responsible for quality assurance, social service, admitting and discharge planning, infection control, utilization management, risk management, medical services staff, support services functions, and medical records.

Director of Nursing Services **1981 – 1982**
Mesa General Hospital, Mesa, Ariz.

Responsible for all nursing administrative functions, including the management and evaluation of nursing practice and patient care.

Senior Administrative Supervisor **1981**
Samaritan Health Services, Phoenix – 700-bed hospital

Provided leadership to all administrative supervisors.

Director of Nursing **1980**
Samaritan Health Services, Phoenix, Ariz.

Responsible for recruitment, staffing, budgets, pharmacy, evaluation of patient care, and administration.

Nursing Coordinator, Perinatal Services **1979**
Samaritan Health Services, Phoenix, Ariz.

Responsible for 24-hour operation of perinatal unit, including employee oversight, budget, and hospital committees.

Director of Nursing Services **1977 – 1979**
Indio Community Hospital, Indio, Calif.

Responsible for evaluation of patient care and all aspects of nursing administration, including recruitment, budgets, staffing, and medical staff activities.

Director of Nursing Services **1973 – 1977**
El Centro Community Hospital, El Centro, Calif.

Responsible for evaluation of patient care and all aspects of nursing administration, including recruitment, budgets, staffing, and medical staff activities.

Certifications

National Quality Assurance Professional

Paralegal/ legal assistant, Sterling School, Phoenix, Ariz., 1985

Nurse epidemiologist, School of Medicine, University of California at San Diego, 1982

Professional

National Association for Healthcare Quality

Arizona Association for Healthcare Quality

Health Administrators Forum of Arizona

American College of Healthcare Executives

Education

B.S. and M.S., Health Sciences, Chapman College, Orange, Calif., 1979

A.S., Nursing, Fullerton College, Fullerton, Calif., 1963

Brian K. Fischer, C.P.A.

Vice President of Finance, Managed Health Plans **2002 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Responsible for the oversight of managed health plan chief financial officers and the financial operations of the health plans. Primary responsibility for financial contract oversight, claims payment/auditing, third-party liability collections and various financial evaluations, projections, budgeting and analysis. Report results to the management and operating boards of Schaller Anderson and the health plans.

Chief Executive Officer **1997 – 2002**
Schaller Anderson of Maryland, L.L.C.
Maryland Physicians Care MCO, Baltimore, Md.

Schaller Anderson of Maryland (SAM), L.L.C., is contracted with Maryland Physicians Care (MPC) MCO to provide all necessary startup and ongoing management services. Primary responsibility was for the operations of the health plan. Coordinated services provided through Schaller Anderson, Incorporated, headquarters and Schaller Anderson of Arizona, L.L.C., Operations Center. Duties included monitoring the effectiveness of health plan activities and reporting results to the MPC Board of Directors and Maryland regulatory agencies. Won award of a health plan contract for the initial year of Medicaid managed care in Maryland. Oversaw growth of the organization to 90,000 members. Generated profitable operations and increased quality results each year.

Chief Financial Officer **1996 – 1997**
Maryland Physicians Care, Baltimore, Md.

Within the SAM/MPC management services agreement, had primary responsibility for the financial operations of the health plan, including budgeting, financial analysis, rate negotiations, investment activities and coordination with the Schaller Anderson of Arizona, L.L.C., Operations Center on processing claims.

Chief Financial Officer **1995 – 1996**
The Community Partnership of Southern Arizona, Inc. (CPSA), Tucson, Ariz.

Responsible for financial operations of the regional behavioral health plan and coordination with Arizona Physicians IPA for information services, claims processing, member services and provider contracting. Was part of the leadership team which developed a partnership with behavioral health providers, a health plan (APIPA) and a managed behavioral healthcare organization (SEABHS) to structure a new delivery and reimbursement system in southern Arizona. Successfully developed and negotiated subcapitated, case rate contracts with provider networks for both children and adults with serious mental illness. Posted profitable results during each year, including the initial year of operations at CPSA, compared with significant losses from the prior RBHA (ACCM).

Senior Analyst, Government Programs **1994 – 1995**
CIGNA Healthcare of Arizona, Phoenix, Ariz.

Responsible for financial and operational analysis related to the implementation of Medicaid and Medicare products. Duties included the negotiation and oversight of subcapitated risk contracts and the coordination of activities with a third-party administrator for claims processing.

Manager, Financial Reporting **1989 – 1994**
Arizona Physicians IPA, Inc., Phoenix, Ariz.

Responsible for developing internal and regulatory financial statements and other financial analysis activities. Duties included estimation of incurred claims liability and reinsurance collections, financial evaluation of provider contracts, development of annual operational and administrative budgets, oversight of investment activities and development of financial models used by the health plan to respond to the Medicaid agency's competitive bid process.

Accountant **1988 – 1989**
Bryan Memorial Hospital, Lincoln, Neb.

Responsible for developing financial reporting systems and departmental budget analysis.

Professional Organizations / Activities

American Association of Health Plans, Minority Management Development Program, 1997 – 1998

American College of Healthcare Executives, 1998 – present

American Institute of Certified Public Accountants, 1991 – present

Arizona Society of Certified Public Accountants, 1991 – 1997

Healthcare Financial Management Association, 1991 – present

Maryland Child Welfare Advisory Council, 1998 – 2000

Education

B.S., Accounting, University of Nebraska, 1989

Todd Galloway, F.S.A., M.A.A.A.

Vice President of Actuarial Services **2001 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Oversee 13 employees. Responsible for forecasting, reserving, contract/network analyses, early warning trend analyses, provider/member profiling, clinical return on investment analyses, decision support system development, data mining, analytic benchmark comparisons, and predictive model development for affiliates in Arizona, California, Delaware, Maryland, Missouri, and Texas.

Health care Senior Consultant and **1998 – 2001**
Government Actuarial Sector Leader
William M. Mercer, Incorporated, Phoenix, Ariz.

Developed office's actuarial consulting strategies and technical best practices. Oversaw actuarial work and resource allocation from more than 10 actuaries and six actuarial students. Evaluated and priced clients' financial risks, including rates, reinsurance and risk arrangements. Developed rate setting methodologies, separately identifying and quantifying the effects of contracting and networks, acuity and demographics, utilization management, credibility and happenstance, quality initiatives and reserving methods. Conducted extensive financial and operational reviews of health plans. Planned, conducted and led negotiations with chief executive officers and chief financial officers of managed care organizations. Completed cost effectiveness analyses for waiver renewals.

Group Product Performance and Actuarial Manager **1993 – 1999**
Mutual/United of Omaha, Omaha, Neb.

Planned, directed and controlled several activities related to profitability of group health products, such as commercial, Medicare risk HMOs, Medicaid HMOs and Federal Employees Health Benefits Administration. Responsibilities included pricing (budgets, stop loss, reinsurance) for new and existing sites and pricing primary care provider and specialist physician capitation rates and risk arrangements. Other responsibilities included filings (state filings and annual ACR proposal required by HCFA) and financial analyses (reserves, trend, projections, credibility, actual/expected).

Professional

Associate, Society of Actuaries, 1994; fellow, 2000

Member, American Academy of Actuaries, 1997

Education

B.S., Actuarial Science, University of Nebraska, Lincoln, 1993

Eric C. Hunter

Executive Director **2004 – present**
Schaller Anderson Healthcare, L.L.C., Phoenix, Ariz.

Responsible for the direction of all aspects of Schaller Anderson Healthcare, the division of Schaller Anderson, Incorporated that manages commercial and employer self-funded lines of business. SAH has five products in three states covering more than 100,000 lives. Responsibilities include provider relations, medical management, account management, finance, and operations.

Chief Executive Officer **2003 – 2004**
Schaller Anderson of Oklahoma, L.L.C., Oklahoma City, Okla.

Responsible for financial, medical and operations management of Heartland HealthPlan of Oklahoma, a managed care plan sponsored by the University of Oklahoma serving more than 100,000 Medicaid and Children Health Plan recipients, as well as University Healthcare, a health insurance program for University of Oklahoma employees providing healthcare coverage to approximately 13,000 members. Formulate, execute and maintain capital and operational budgets; ensure operational strategy objectives are effective expenditures of resources. Manage personnel, administrative and training functions to ensure adequate staffing infrastructure and support as well as contractual compliance.

Director of Strategic Planning **2001 – 2003**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Responsible for developing, integrating and monitoring corporate, plan and individual goals. Facilitate and maximize the effectiveness of corporate meetings and retreats. Strengthen the communication protocols within the leadership team at the corporate office and between the Schaller Anderson affiliates and executive management. Implement and manage the project management system. Enhance the business/disaster recovery planning system. Oversee corporate data reporting capabilities and functions. Define and implement optimal business standards and practices.

Chief Operating Officer **1997 – 2001**
Schaller Anderson of Maryland, L.L.C., Baltimore, Md.

Responsible for the operational functions of Maryland Physicians Care, a managed care organization. Oversaw customer service, provider relations, information systems, QMACS software and its implementation, marketing, and regional office staff. Responsible for facilities and purchasing. Served as liaison to state regulators and legislators in monitoring, complying with, and reporting all program requirements; coordinated all provider and member contact, education and orientation, including compilation, publication and distribution of the health plan's member handbook, provider manual and quarterly newsletter. Additional duties included coordination of the health plan's encounter data and electronic data interface efforts.

Manager, Customer Service **1996 – 1997**
Schaller Anderson of Maryland, L.L.C., Baltimore, Md.

Responsible for the operational functions and service delivery by the Customer Service Department and for the development, implementation and maintenance of policies, procedures and standards within the department. Coordinated new member orientation; responsible for contents, publication and distribution of the health plan member handbook and quarterly newsletter.

SoonerCare Training/Outreach Coordinator **1995 – 1996**
Oklahoma Healthcare Authority, Oklahoma City, Okla.

Responsible for developing marketing and outreach material for clients and providers. Trained employees of Department of Human Services, Department of Health and other entities involved in the implementation of SoonerCare. Educated providers, clients, and client advocacy groups on the details and systems involved in SoonerCare health access issues. Developed Medicaid managed-care policies and procedures.

Manager of Client Enrollment/Client Relations **1995 – 1996**
Oklahoma Healthcare Authority, Oklahoma City, Okla.

Responsible for developing Medicaid managed-care policies and procedures. Developed and monitored the Telephone Enrollment Agent contract, coordinated the client enrollment activities of the Department of Human Services, supervised the client relations unit, developed marketing and outreach materials for clients and providers, acted as liaison with the member services areas of participating health plans, and resolved client and provider enrollment problems.

Director of Appointments to Boards and Commissions **1993 – 1995**
Office of the Governor, Oklahoma City, Okla.

Coordinated the governor's appointments of nearly 2,500 citizens to more than 300 executive entities, served as the governor's liaison to the Oklahoma Senate in appointment matters, developed nationally recognized gubernatorial appointment database, and served as a member of the governor's senior staff.

Assistant Director of Appointments **1992 – 1993**
Office of the Governor, Oklahoma City, Okla.

Evaluated qualifications of appointment candidates, served as the governor's liaison to most Oklahoma state boards and commissions, maintained computer database systems, and prepared official appointment documents.

Senior Research Analyst **1992**
Office of the Governor, Oklahoma City, Okla.

Responsible for researching statutory requirements of the board and commission composition, supervised the data entry of prospects and appointees into the database and the preparation of reports and trend analysis.

Field Representative **1991 – 1992**
Office of the Governor, Oklahoma City, Okla.

Based in Tulsa, Okla., responsible for the maintenance of gubernatorial relations with constituents and officials in 17 northeast Oklahoma counties; served as liaison with numerous civic, religious, ethnic and issues groups; and represented the governor at local events.

Organizations

Chair, Baltimore Metropolitan Managed Care Consortium, 1998 – 2001

Maryland Advisory Committee on Graduate Medical Education, 1997

Aerospace States Association, 1992 – 1996

Oklahoma State Advisory Group on Juvenile Justice and Delinquency, 1994 – 1996

Oklahoma Juvenile Justice Placement Advisory Committee, 1994 – 1995

Education

B.S., Petroleum Engineering, University of Tulsa, Okla., 1989

James L. Johnson, Ph.D.

Vice President of Commercial Operations **2004 – present**
SABH of Arizona, Incorporated, Phoenix, Ariz.

Responsible for day-to-day operations and implementation of new self-funded plans. Manage behavioral staff models located in Phoenix and Tucson. Assist with system wide projects and oversee service center operations, including claims processing, member services and prior authorization call centers, account setup and configuration, and facilities management.

Private Practice **2003 – present**
Scottsdale, Ariz.

Clinical practice specializing in adolescents and adults.

Vice President of Compliance and Policy Development **2001 – 2003**
CIGNA Behavioral Health, Phoenix, Ariz.

Oversaw organizational HIPAA and ERISA compliance efforts, customer and provider contracting, state licenses as a TPA and UR organization, Department of Insurance complaint management, policy development and management, compliance program, risk management, and management of all provider and participant appeals. Served as compliance officer for the organization. Budget of $4.5 million. Successfully prepared for HIPAA and ERISA. Helped minimize regulatory risks. Reduced compliance risk through centralization and standardization of all appeals functions. Improved regulatory reporting and support for regulatory exams.

Vice President of Clinical Administration **1999 – 2001**
Health Plan Services DivisionCIGNA Behavioral Health, Phoenix, Ariz.

Division served 6+ million covered lives for a variety of health plan customers. Exercised administrative oversight for seven regional care centers located throughout the United States. Responsible for a variety of areas, including policy development, risk management, and clinical program development. Named in patent as a concept originator for an innovative CBH provider data submission system.

Regional Clinical Director, Western Region **1993 – 1999**
Health Plan Services Division, CIGNA Behavioral Health, Phoenix, Ariz.

Chief clinical manager for region that included numerous clinical (staff model) and utilization management sites in 27 states. Oversaw quality management program and preparation for external accreditation processes (e.g., NCQA and URAC). Responsible for clinical risk management program. Developed market-specific clinical delivery systems to meet customer and participant needs. Region consistently met clinical and financial plans.

Executive Director **1991 – 1993**
Health Plan Services Division, CIGNA Behavioral Health, Phoenix, Ariz.

Managed a $12 million annual budget with 100 employees, four clinics, 300,000+ covered lives, and 250 network providers. Consistently exceeded profit expectations. Designed and developed numerous innovative programs, e.g., episode of care contracting and a crisis intervention

system. Had staff-model clinical operation recognized as a state-of-the-art system for successfully managing both at-risk and employer product business.

Various Behavioral Health Program Manager Positions **1985 – 1991**
CIGNA Behavioral Health, Health Plan Services Division, Phoenix, Ariz.

Held progressive management responsibilities within a large, staff-model behavioral health system. Managed a wide variety of programs, including inpatient, crisis and intake services. Created several innovative programs, including crisis assessment team and inpatient team.

Vice President **1978 – 1985**
Psych Associates, Inc., Saginaw, Mich.

Large private practice included numerous consultation contracts, e.g., organizational development with a variety of businesses and contracts with municipalities to provide police psychology services. Developed and managed a contract with a Saginaw Blue Cross/ Blue Shield HMO to provide outpatient behavioral health services.

Consultation and Education Coordinator **1975 – 1978**
Bay County Mental Health, Bay City, Mich.

Initiated new consultation program for community mental health organization. Successfully designed and awarded funding for innovative prevention program. Received statewide recognition for unique approaches to complex behavioral health programming needs. Developed and managed community based programs for seriously mentally ill and indigent populations.

Teaching

Instructor, Indiana University-Purdue University, Columbus Center, Columbus, Ind.

Lecturer, Chapman College, Hancock Air Base, Syracuse, N.Y.

Assistant professor, affiliate, doctor of psychology program, Central Michigan University, Mount Pleasant

University of Phoenix, practitioner faculty, doctor of health administration program and masters in counseling Phoenix, Ariz.

Presentations (Selected)

Group Health Association of America. Behavioral Health Programs in HMOs: Making Quality a Reality. Innovations in Practice: Approaches to Managing Special Populations—The Chronic Patient. Lake Tahoe, Nev. January 1993.

St. Luke's Behavioral Health Center. How Do I Manage Managed Care? Who's Controlling Most of the Behavioral Benefits in Phoenix? Phoenix, Ariz. June 1993.

Arizona Psychological Association, annual conference. Innovative Practice Patterns. Phoenix, Ariz. October 1993.

Commission on Accreditation of Rehabilitation Facilities. National Leadership Conference. Managed Care Perspective: The Changing Alcohol and Other Drug/Mental Health Treatment Environment. Tempe, Ariz. February 1994.

American Productivity & Quality Center. Creating a Health Care System That Works Conference. Purchasing Behavioral Health Care Services. Houston, Texas. July 1994.

Behavioral Healthcare Tomorrow. How to Market and Distribute Behavioral Carve-Out Programs to, and through, Accountable Health Plans and Health Alliances. Washington, D.C. September 1994.

Utilization Management in Managed Behavioral Care. Conference on Managed Care Practices for Behavioral Health Stakeholders. Phoenix, Ariz. November 1997.

Behavioral Healthcare Tomorrow Conference. Innovations in Network Development and Management. Chicago, Ill. September 1998.

Licenses

Arizona licensed psychologist

Michigan licensed psychologist

Academic Awards

Teaching assistantship, 1970-1971

Veterans Administration traineeship, 1971-1972

Indiana University fellowship, 1972-1973

Training

Internship, Quinco Consulting Center, APA accredited program ,Columbus, Ind., 1973-1974

Education

Postgraduate work in neuropsychology, University of Michigan, Ann Arbor, 1979 – 1980

Ph.D., Clinical Psychology, Indiana University, Bloomington, 1975

B.S., Psychology, Purdue University, West Lafayette, Ind., 1970

Garell E. Jordan

Director, Healthcare Economics **2004 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Responsible for the development of actionable assessments of financial risks and opportunities in Schaller Anderson affiliated health plans. Direct oversight of the development of predictive risk models, member and provider profiling applications and analyses, and the development and maintenance of actuarial datamarts and decision support tools. Provide analysis of business development opportunities to senior leadership.

Director, Financial Planning & Analysis **2003**
Mercy Care Plan, Phoenix, Ariz.

Directed health plan analytical functions, including the development of budgets, quarterly best estimates, capitation rate development, contracts analysis and medical trend analysis to identify drivers of performance variation. Coordinated analytical support for medical management and provider services departments.

Manager, Actuarial Services **2002**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Managed financial analysts in Actuarial Services in the functions of monthly trend reporting and variance analysis and in the development of reports and analyses to support affiliated health plans.

Manager, Financial Analysis **1999 – 2002**
Mercy Care Plan, Phoenix, Ariz.

Managed health plan financial analysts in the preparation of budgets, monthly key indicator reporting, and trend and variance analysis.

Senior Financial Analyst **1999**
Mercy Care Plan, Phoenix, Ariz.

Lead forecasting analyst. Developed and produced monthly cost and utilization reporting for trend and variance analysis.

Operations Manager, Southwest Region **1998 – 1999**
NovaCare Occupational Health Services, Phoenix, Ariz.

Direct management of all finance and business office operations, including medical billing office.

Controller **1997 – 1998**
Medical OffiCenter, Inc. (acquired by NovaCare), Phoenix, Ariz.

Served as the controller for a multisite occupational health practice. Oversaw all financial and accounting functions for multiple limited liability corporate entities.

Senior Accountant **1996 – 1997**
NovaMed Eyecare Management, Inc., Chicago, Ill.

Staff Accountant **1996**
NovaMed Eyecare Management, Inc., Chicago, Ill.

Accountant **1994 – 1996**
Asch & Associates, Inc., Chicago, Ill.

Education

B.S., Accounting, DeVry University, Phoenix, Ariz., 1994

Yon Yoon Jorden

Chief Financial Officer **2005 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Responsible for all financial aspects, providing oversight of the business and financial development of the health plans administered by Schaller Anderson affiliates in Arizona, California, Delaware, Maryland, Missouri, and Texas. Provide financial oversight to the company's consulting and employer/self-funded divisions.

Executive Vice President & Chief Financial Officer **2002 – 2004**
AdvancePCS, Dallas, Texas

Provided vision, leadership, and guidance for all phases of the corporate Finance organization, including Accounting and Reporting, Treasury, Investor Relations, Planning and Analysis, Taxation, and Risk Management. Developed productive relationships with the financial community, including key buy and sell analysts. Retooled the finance operation, including the redesign of all risk management functions and the consolidation of decentralized finance functions to obtain efficiencies while retaining key team members. Created company's first internal audit function, establishing efficacious company-wide safeguards and controls consistent with emerging best practices for corporate governance. Designed and implemented a comprehensive expense management process that reduced costs and significantly contributed to bottom line growth.

Executive Vice President and Chief Financial Officer **2000 – 2001**
Informix, Menlo Park, Calif.

Designed a complex and comprehensive financial and operational re-engineering and restructuring plan to restore revenue and earnings growth to a troubled company. Implemented transition initiatives with new CEO and business unit presidents. Successfully executed stock repurchase program to enhance shareholder value.

Executive Vice President and Chief Financial Officer **1998 – 2000**
Oxford Health Plans, Inc., Trumbull, Conn.

Provided vision, leadership, and guidance for all phases of the corporate Finance Organization, including Actuarial and Underwriting, Accounting and Reporting, Treasury, Investor Relations, Planning and Analysis, Taxes, and Risk Management. Key strategist with new management team that achieved the hugely successful turnaround of the financially distressed organization. Principal strategist in refocusing efforts of entire organization to externally deliver value propositions to customers and investors and to internally emphasize profitability, internal controls, integrity of financial systems, and fiscal accountability. Restructuring programs and reorganization produced immediate, measurable results in achieving pre-tax income of $164 million in 1999 vs. loss of $615 million in 1998. Quality of turnaround evidenced by increased operating cash flow of almost $500 million annually to a $300 million run rate in 1999 vs. negative $167 million in 1998.

Developed, implemented, and enforced critical operational and pricing controls to ensure product profitability. Reorganized and re-engineered all financial departments. Implemented innovative financial information systems, substantially reducing closing cycle for faster and more meaningful decisionmaking while achieving significant improvement in the reliability, integrity, and accuracy of financial and operational information. Rebuilt favorable investor/analyst relationships. Increased buy ratings from one to 10.

Senior Vice President and Chief Financial Officer **1997 – 1998**
Aera Energy LLC, Bakersfield, Calif.

Redesigned and upgraded financial processes, including implementation of SAP.

Senior Vice President and Chief Financial Officer **1993 – 1997**
Wellpoint Health Networks, Inc., and Blue Cross of California, Woodland Hills, Calif.

Provided vision, leadership, and guidance for Treasury, Risk Management, Taxation, Investor Relations, Financial Analysis, Budgeting, Internal Audit, Accounting, Reporting and Systems. Directed all aspects of the WLP $550 million IPO, the largest and most successful in the healthcare industry. Cultivated productive relationships based on credibility and trust with influential Wall Street analysts, institutional shareholders, rating agencies, and international and domestic commercial banks. More than doubled analyst research coverage.

Key strategist on the development team executing over $1 billion of successful acquisitions, including UniCare ($180 million), MassMutual ($400 million) and John Hancock ($87 million). Successfully integrated all financial operating activities. Financially engineered the complex, multistep, $3 billion recapitalization and for-profit conversion of Blue Cross of California to a publicly held managed health care organization on a tax-free basis, thereby saving over $600 million in transaction taxes and generating an $800 million tax deduction. Successfully negotiated and established a $1.2 billion line of credit with a consortium of worldwide institutions, securing low-cost capital for an extended time.

Vice President, Controller **1990 – 1993**
Wellpoint Health Networks, Inc. and Blue Cross of California, Woodland Hills, Calif.

Designed and implemented financial information packages of state-of-the-art, on-line executive information system, complete with interactive analysis. Redesigned, streamlined, and automated the general ledger closing cycle, achieving normal close time reductions from more than 40 working days to only seven. Re-engineered corporate-wide risk management strategies, achieving overall risk reductions at minimal cost. Converted critical financial systems to state-of-the-art client/server applications from mainframe applications. Reorganized and rebuilt the corporate finance division by recruiting a highly qualified and motivated professional team while maintaining seamless financial and accounting operational integrity throughout the company. Reduced internal audit costs by 15 percent.

Vice President and Controller **1987 – 1990**
FHP International Corporation, Fountain Valley, Calif.

Responsible for all corporate accounting, reporting and controls, financial systems, and benefits administration, providing innovative leadership and guidance to all team members. Successfully planned for and implemented the company's conversion to its first mainframe-based general ledger system. Designed and implemented the financial processes and activities utilized by the company during the initial phases of conversion to a publicly traded enterprise.

Directed $48 million public offering and $17.5 million Dutch auction tender offer. Reorganized the finance division and recruited a motivated and highly qualified team of professionals, enabling the company to achieve annual growth rates over 35% while maintaining and providing accurate, reliable and timely financial and operational information to the entire organization.

Assistant Controller/Director of Internal Audit **1984 – 1987**
Western Digital Corporation, Irvine, Calif.

Planned for and conducted operational audits of the company's major profit centers, including significant improvement in the accuracy of cost accounting methods and practices utilized in the manufacturing process. Key contributor in the company's successful common stock offering to raise $30 million. Provided strategic and analytical support for various senior management projects and activities.

Senior Auditor **1979 – 1984**
Arthur Andersen & Company, Los Angeles, Calif.

Extensive audit, tax, and consulting experience for a diversified client base with a strong focus on the high-tech and healthcare industries. Significant involvement in client debt and equity capital raising activities, including related SEC filings. Key contributor to reviews of client EDP systems and development of client profit improvement systems. Chosen to conduct various staff training classes in recognition of superior technical skill set.

Professional Activities

Managed Care Accounting Committee, AICPA Task Force

Audit & Ethics Committee, Dallas Symphony Board

Advisory board member, The Institute for Excellence in Corporate Governance, University of Texas at Dallas

Memberships

Director, Magnatek, Inc. (NYSE: MAG)

Licenses

Certified public accountant, California

Education

B.S., Accounting, with honors, California State University, Los Angeles, 1979

Coleen Kivlahan, M.D., M.S.P.H.

Senior Vice President and Corporate Medical Director **2005 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Primary focus includes an evaluation of medical management strategies for Medicaid populations.

Medical Director **2003 – 2005**
Fantus Health Center, Cook County Hospital, Chicago, Ill.

Supervised internal medicine, family practice, OB/GYN and pediatrics practices; specialty services such as psychiatry, diabetes, asthma, and hypertension programs; and an urgent care center providing over 80, 000 visits annually. Oversaw the first attempt at ambulatory JCAHO accreditation for Cook County. Created a model chronic disease site for minorities with diabetes and hypertension who have no primary care physician. Redesigned the General Medicine Clinic. Created a fast track for urgent care, reducing wait time from six or eight hours to 45 minutes. Completed a study of national experts in primary care redesign that is being finalized for publication.

Vice President for Medical Affairs and Chief Medical Officer **2002 – 2003**
University of Missouri Health Care, Columbia, Mo.

Requested by chancellor and president of MUHC to return to MUHC during the Hunter consulting engagement to accomplish an organizational turnaround of finances and quality. Fulfilled nine-month commitment to work with the University and the Hunter group to improve operations and clinical quality.

Associate Dean/Director of Health Improvement **1997 – 2002**
University of Missouri Health Care, Columbia, Mo.

Created Office of Clinical Effectiveness, which achieved statewide recognition for high quality in its second year. Created an electronic patient safety reporting system and implemented it throughout the system. Responsible for promoting excellence in clinical quality throughout the enterprise. Represented the dean of the School of Medicine and the chief operating officer of the MUHC health sciences center, leading the system's quality efforts. Received the 2001 AAMC Humanism in Medicine award. Built the first office for tracking, reporting and improving clinical outcomes at MUHC, saving the system over $1.5 million in two years from clinical practice changes in improvement projects. Built the first electronic adverse event reporting system, now used in every unit in University Hospital and being reviewed for state and national use by CMS, the Missouri Hospital Association, and the MUHC PRO. Created a leadership program for midcareer, multidisciplinary professionals, funded by the Academic Medicine and Managed Care Forum, that dramatically improved retention of high-quality clinical faculty, improved morale and enhanced innovation.

Cabinet Director **1993 – 1997**
Missouri Department of Health, Columbia, Mo.

Department received statewide recognition for its approach to the 1993 flood and the public

health impact. Developed a leadership program for the 100 top managers, developed new employee incentives for exemplary teamwork, increased diversity dramatically and received the governor's recognition award for doing so. Managed to increase the department's budget for all four budget years despite cuts in other departments' budgets. Led a successful campaign to increase information about public health directed to legislators, media and citizens. Increased childhood immunization rates from among the lowest in the nation to one of the highest in four years. Increased the number of doctors willing to perform sexual assault exams on young children statewide and developed a nationally known program to identify and prevent childhood fatalities. Developed a strategic plan used as a model for all cabinet departments.

Professional Activities (selected)

Vice Chair, Dean's Advisory Committee on Clinical Practice, 2000 - present

Member National Advisory Committee, Robert Wood Johnson Clinical Scholars Program, 2000 - present

Committee on Bioterrorism and Smallpox, Institute of Medicine, 2002 – present

Member, National Advisory Committee, Turning Point grant for the future of public health, Robert Wood Johnson and Kellogg Foundations, 1996 - 1999

Chair, Medicaid Managed Care Statewide Quality Improvement Committee, 1996 - 1998

Board Member, Family Investment Trust, five state cabinet departments focused on improved services to families, 1993 - 1997

Member, Perinatal Advisory Committee, Missouri Department of Health, 1989 - 1990

Co-chairperson, Physician Services Task Force for Missouri Medicaid, 1989 - 1993

Director and Founder, SAFE Network (Sexual Assault Forensic Examinations), 1989 - 1991

Chairman, ICAN (Interagency Council on Child Abuse and Neglect), Boone County, Missouri; 1985 - 1990

Selected Publications

Kivlahan, C., and James, E. The natural history of neonatal jaundice, *Yearbook of Pediatrics,* 1986.

Kivlahan, C. A case of different cyanosis. *Female Patient,* December 1987, 12(12):33-4.

Ewigman, B., and Kivlahan, C. A medical project in an African village: An opportunity for family medicine teachers. *Family Medicine,* 1987, 19(6):426.

Ewigman, B., and Kivlahan, C. Child maltreatment fatalities. *Pediatric Annals,* 1989, 18(8):476.

Ewigman, B., Kivlahan, C., Hosokawa, M., and Horman, D. Efficacy of an intervention to promote use of hearing protection devices in firefighters. *Public Health Reports,* 1990, 105(1):53-9.

Kivlahan, C., Stangler, G. and Knipp, M. How can we tell when a child dies from abuse? Missouri's new law will help answer that question. *American Public Welfare Association,* 1991, 49(4):5-11.

Kivlahan, C. Clinic will link the indigent patient into the existing health care system. *Missouri Medicine,* 1992, 89(4):217-8.

Kivlahan, C., Kruse, R., and Furnell, D. Sexual assault examinations in children: The role of a statewide network of health care providers. *American Journal of Diseases of Children,* 1992, 146(11):1365-70.

Ewigman, B., Kivlahan, C., Land, G. Missouri child fatality study: Underreporting of maltreatment fatalities in children less than five years of age, 1983 – 1986. *Pediatrics,* 1993, 91(2):330-7.

Hoffarth, S., Brownson, R., Gibson, B., Sharp, D., Schramm, W., and Kivlahan, C. Preventable mortality in Missouri: Excess deaths from nine chronic diseases, 1979- 1991. *Missouri Medicine,* 1993, 90(6).

Peterson, L., Ewigman, B., and Kivlahan, C. Judgments regarding appropriate child supervision to prevent injury: The role of environmental risk and child age. *Child Development,* 1993, 64(3)934-50.

Kivlahan, C. Public health in the next century. *Missouri Medicine*, 1994, 91(1).

Kivlahan, C. Missouri carves out public health to safeguard Medicaid population during shift to managed care. *State Health Notes,* 1995, 2(12).

Kivlahan C. Public health works for Missouri. *Missouri Medicine,* 1997, 94(4):166-7.

Frank, R., and Kivlahan, C. The use of information and misinformation in a state health reform initiative: The showme health reform initiative. *Information Trading,* National Academy Press, 1997.

Kivlahan, C., and Land, G., Building health goals into the purchasing process: The Missouri Medicaid agency as purchaser. *American Journal of Preventive Medicine,* 1998, 14(3S):72-7.

Stone, T.T., Kivlahan, C., and Cox, K.R. Evaluation of physician preferences for clinical guidelines implementation: An operational perspective. *Proceedings from the 29th Annual*

Meeting of the Decision Sciences Institute, USA, 1998; *American Journal of Medical Quality,* 1999, 14(4).

Kivlahan, C. et al. Patient safety net: Implementation of an adverse event reporting system in an academic health center. Submitted to *Joint Commission Journal on Health Care Quality,* January 2002.

Demmy, T.L., Kivlahan, C., Stone, T.T., Teague, L., Sapienza, P. Physicians' perceptions of institutional and leadership factors influencing their job satisfaction at one academic medical center. *Academic Medicine,* December 2002, 77(12), Part I.

Kivlahan, C., Sangster, W., Nelson, K., Buddenbaum, J., Lobenstein, K. Developing a comprehensive electronic adverse event reporting system in an academic health center. *The Joint Commission Journal on Quality Improvement,* November 2002, 28(11).

Kivlahan, C., Nelson, K., and Buddenbaum, J. The development of an electronic voluntary adverse event reporting system. *Business Briefing,* global healthcare issue, September 2002, 3:54-5.

Board Certification

American Board of Family Practice, 1980, 1986, 1992, 1998, 2004

Licenses

Missouri, 1978

Illinois, 2003

Professional Organizations (selected)

AAFP, American Academy of Family Physicians, 1997 - present

AOA, Alpha Omega Alpha, Medical Honor Society, 1997 - present

American College of Physician Executives, 1995 - 2000

Society of Teachers of Family Medicine, 1981 - 1992

Education

Master of Science in Public Health, University of Missouri-Columbia, 1983

M.D., Medical College of Ohio at Toledo, 1977

B.S., Biology, magna cum laude, St. Louis University, St. Louis, Mo., 1974

Jacques Knez, M.B.A.

Vice President of Operations **2004 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Responsible for day-to-day operations and implementation of new self-funded plans. Assist with systemwide projects and oversee service center operations, including medical and dental claims processing, member services and prior authorization call centers, and account setup and configuration.

Vice President, Process & Technology **2003**
CIGNA HealthCare, Phoenix, Ariz.

Led the employer services component of the service operation's Business Process Offshoring (BPO) initiative, setting the BPO strategy for Employer Services. The project management and analytical methodologies of the initiative were recognized as best practices by the CIGNA CEO. Designed and implemented a new organizational model for employer services field accounts aligned by business processes to achieve improved operational execution and efficiency.

Vice President, Employer Services **2000 – 2003**
CIGNA HealthCare, Phoenix, Ariz.

National operations leader of employer account services for middle market and small-case markets, providing customer service to 22,000 employers, managing enrollment for 5 million members, billing and collecting $7 billion, and leading over 800 employees with a total budget of $44 million. Led the successful customer enrollment conversion of over 1,000 employers and three million members to CIGNA HealthCare's new product and technology environment in the face of extraordinary circumstances requiring focused leadership intervention to prevent a negative impact to CIGNA HealthCare's shareholder value.

Business sponsor of several key initiatives in the CIGNA HealthCare Transformation program, including HMO/POS operational implementation, new enterprise billing system, and enterprise business management system. Envisioned the integrated employer service model for all medical products and gained senior management's commitment to implementation. Reorganized the Phoenix operation and launched Phase 2 of the business integration in March 2000. Successfully led the integration and consolidation of the acquired employer service operations of the HealthSource Regional Operation Centers into CIGNA HealthCare, introducing improved operational and production management to these seven eastern operations.

Senior Director, Western Region Employer Services **1997 – 1999**
CIGNA HealthCare, Phoenix, Ariz.

Led the employer account services operation of the western region, serving 1,400 employers, managing the enrollment of 600,000 members, billing and collecting $2 billion, and leading 135 employees. Turned around the Phoenix employer service center to a high-performance culture by defining a clear set of business principles on which to run the operation, introducing best practice process management, establishing team-based performance management, achieving a

balance between customer satisfaction and shareholder value maximization, and implementing sound business controls.

Overhauled the management team through leadership changes, reassignments to leverage skills and knowledge or provide development opportunities, open and direct communication, and leading by example. Re-engineered the account administration service model for fully insured products, dramatically improving accounts receivable management and increasing operational efficiency. Envisioned and drove the design and implementation of the Integrated Desktop Account Administration System, establishing the first-ever integrated tool for the administration of CIGNA employer accounts and providing operational and financial controls for management. Significantly improved partnerships with sales and the health plans by listening to our partners, fulfilling our commitments and initiating cross-organizational best practices work groups.

Senior Director, Business Improvement **1995 – 1996**
CIGNA HealthCare, Phoenix, Ariz.

Led the development and implementation of a national business model in vision services for CIGNA medical group practices, yielding an estimated annual earnings improvement of $1 million. Served as business lead on the national information technology initiative for CIGNA medical group practices, investigating, evaluating and selecting new technologies for patient accounting, patient scheduling, medical record automation, and pharmacy dispensing. Managed the national pharmacy process improvement team and led the re-engineering of the pharmaceutical dispensing process to optimize pharmacy staffing and improve customer satisfaction. Co-led the development of a new data communication network within the Phoenix metropolitan area, resulting in annual savings of $700,000. Facilitated the strategic planning process for CIGNA HealthCare Pharmacy management.

Director, Planning & Analysis **1993 – 1995**
CIGNA HealthCare, Phoenix, Ariz.

Led the design, development and introduction of a formal strategic planning process to the health plan, producing the first integrated strategic business plan in the organization's history. Directed the preparation of $600 million operational revenue and expense plans, capital budgets and financial forecasts for multiple lines of business. Merged the Planning & Analysis and Medical Financial Analysis teams through an organizational design process involving significant team participation and transforming the team to a customer-focused approach. Participated in and significantly influenced the design and development of the Phoenix IPA Private Partnership Groups, which yielded a 10 percent reduction in medical costs.

Senior Associate, Financial Advisory Services **1990 – 1993**
PricewaterhouseCoopers, New York, N.Y.

Managed the design, development and execution of a mortgage loan valuation system for a major Wall Street investment bank as a basis for a $600 million public offering. Built and managed bond cash flow models for major Wall Street investment banks public offerings and private placements of asset-backed securities in excess of $2 billion. Re-engineered the sales

administration operations of a major information services provider through application of the principles of Total Quality Management and just-in-time production. The project demonstrated the opportunity for a 25 percent savings on a $65 million budget.

Supervised procedures and systems controls review of the project accounting and management processes for a financial systems software development company.

Senior Financial Analyst **1983 – 1987**
IBM Corporation, Tucson, Ariz.

Coordinated, evaluated and presented operational and strategic expense plans exceeding $50 million and capital expenditure plans exceeding $10 million. Generated, analyzed and presented monthly expense performance reports and forecasts to executive management. Developed financial models that determined variable and fixed expenses by manufacturing process step for major computer products, identifying significant cost reduction opportunities. Controlled and reconciled manufacturing work-in-progress inventory in excess of $40 million and achieved book-to-physical inventory variance of less than one percent.

Education

M.B.A., majors in finance and strategic management, The Wharton School, University of Pennsylvania, Philadelphia, 1990

B.S., Business Administration, major in finance, high distinction, University of Arizona, Tucson, 1983

B.A., Economics, high distinction, University of Arizona, Tucson, 1981

Paul Lawrey

Director, Project Management **2005 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

See that all projects are properly scoped and that project management protocols are followed. Ensure that the statement of work, work plans, and the project manager commission for all projects reflect the activities and tasks—including budgets, resources, and timelines—required for success. Provide leadership for personnel in Project Management Office. Provide technical and administrative project management support to the CEO and other executives, including coordination of project management, business and systems initiatives, and monitoring and reporting of strategic goals and objectives.

Direct the integration of initial and revised task forecasts into technical, resource, cost and schedule reports. Initiate approval cycle for reports. Review conflicting task recommendations made by project sponsors, managers and leadership. Serve as expert for sponsors, managers and leadership to see that each project adheres to integrated resource, cost and schedule requirements. Provide timely reports to the CEO. Recommend new or revised strategies, goals and objectives in light of long-term project, resource and budget needs. Establish organizational and personnel qualifications and performance requirements for projects.

Senior Instructor of Project Management and Business Planning **1999 – present**
Keller Graduate School of Management, Phoenix, Ariz.

Teach project management principles and systems. Topics include how to manage scope, quality, schedule, and cost while concentrating on planning and control methods. Instruct students on best practices to plan, schedule, and control multi-project programs. Teach the importance of a defined product life cycle, program planning and tracking; how to manage project scope and budget; and how to establish project management teams, organizational systems, and project management methodologies and strategies.

Corporate Project Management Office Program Manager **2001 – 2005**
Caremark, Scottsdale, Ariz.

Established and maintained Project Management Office. Developed and coached a team of three program managers and 20 project managers who ran projects ranging from $100,000 to $80 million. Developed and maintained communication plans. Determined functions of Project Management Office and documented project boundaries. Prepared staffing and implementation plans for project managers. Established database for managing projects and project risks. Identified risks and implemented mitigation plans. Prioritized projects to meet the strategic objectives and goals of the corporation. Used innovative means to leverage the risk and priority of projects. Determined when to run projects in-house and when to outsource. Interfaced with multiple business partners and technology organizations. Managed outside partnerships to ensure that all projects were completed within budget and on schedule. Managed power and politics at the project level and senior management level. Maintained commitment of sponsors, managers, team members, outside partners and customers. Resolved conflicts and built partnerships. Analyzed variances between project objectives and outcomes. Deployed systems

on multiple platforms (IBM mainframe, MVS, Tandem, AS-400, UNIX, NT, Oracle, DB2 UDB, AIX, SAP, Tivoli, Best1, Patrol, SQL, Lotus Notes, etc.).

Special Project Director **1992 – 2001**
Caremark, Scottsdale, Ariz.

Oversaw six program managers responsible for negotiating pharmaceutical manufacturer contracts, establishing formulary programs, and designing and implementing a pharmaceutical manufacturer rebate program. Interfaced with multiple business partners and technology organizations. Managed customizations and installation of vendor-supplied software. Prioritized on-going maintenance and enhancements of designed systems. Ensured testing standards and development methods were adhered to rigorously. Reviewed and approved projects based upon economic value-added analysis and capital expenditure summaries. Utilized innovative means to leverage the risk and priority of projects within the project portfolio. Oversaw development and management of personnel. Managed power and politics at the individual project level and at the upper management level. Accountable for ensuring timely and quality delivery of systems that met business needs. Created prompt and complete progress reports, including variances between project objectives and actual outcomes. Completed reviews and lessons learned after projects completed. Deployed systems on multiple platforms (IBM mainframe, MVS, Tandem, NT, DB2 UDB, COBOL, Infoman, etc.).

Financial Services Project Manager **1991 – 1992**
Caremark, Scottsdale, Ariz.

Created work breakdown structures with activities, durations, and interdependencies for the Financial Services Division. Created resource breakdown structures. Estimated, assigned and accumulated resources and costs to the project utilizing three project specialists and one project analyst. Completed earned-value analyses and capital expenditure executive summaries. Identified, assessed, and planned for the mitigation of multiple risks across multiple projects within the division. Established matrix and financial analyses on projects. Performed project roll-ups at all levels. Maintained letters of credit associated with capital projects totaling $16 million. Translated project requirements into product scope statements and project work scope statements. Negotiated and approved contractual relations with internal and external customers. Established integrated schedules and managed matrixed resources.

Project Accountant **1988 – 1991**
McDonell Douglas Helicopter Co., Mesa, Ariz.

Managed an annual capital project budget of $42 million. Prepared journal entries, corporate reports and property tax statements. Audited all project accounts, monitored and maintained general ledger tables. Coordinated inter-component and pool allocations. Interfaced with other departments and vendors to ensure accuracy of charges.

Education

Certified Project Management Professional, Project Management Institute, Newtown Square, Penn., 1999

M.B.A., University of Phoenix, Phoenix, Ariz., 1998

B.A, Business Finance and Economics, Buena Vista University, Storm Lake, Iowa, 1988

Sharon Lee, R.N.

Medical Claims Review Specialist **2000 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Review UB92 claims for inpatient, outpatient and emergency rooms. Review HCFA 1500 professional surgical, medical and transportation claims. Utilize CPT, ICD 9 and HCPC coding and review these claims based on Medicare/ Medicaid reimbursement policies. Helped develop the Medical Claims Review Department to handle a larger volume of claims.

Medical Claims Review Nurse **1989 – 2000**
Arizona Physicians IPA, Phoenix, Ariz.

Reviewed UB92 and HCFA 1500 claims, inpatient, outpatient and emergency room hospital claims and professional surgical, medical and transportation claims. Utilized CPT, ICD-9, HCPCS coding and review based on Medicare/ Medicaid reimbursement policies. Helped establish and implement all phases of the medical claims review process, including the writing of procedures and training of review personnel.

Nurse **1988 – 1989**
USA Healthnet PPO, Phoenix, Ariz.

Responsible for prior authorization of all inpatient hospital admission and concurrent review on those admissions for clients in Arizona and 11 other states. Audited hospital inpatient UB claims.

Nurse **1987 – 1988**
Barry S. Markman, M.D., Las Vegas, Nev.

Filed all insurance claims, including state and federal programs, HMOs and private insurance. Obtained prior approval for surgical procedures.

Nurse **1986 – 1987**
University Medical Center, Las Vegas, Nev.

General and specialty operating room nurse, including trauma.

Nurse **1985 – 1986**
Womens Hospital, Las Vegas, Nev.

Recovery room and operating room nurse. Compiled OR/ RR statistics and did time card computations for payroll.

Nurse **1984 – 1985**
University of Michigan Hospitals, Ann Arbor, Mich.

General operating room nurse.

Nurse **1974 – 1984**
Flint Osteopathic Hospital, Flint, Mich.

R.N. in obstetrics for two years, then in operating room for the remaining eight years. Set up a computer system and entered program data, including equipment and supply, usage and charges for individual surgeries. Entered ICD-9 and CPT codings. Additional responsibilities

included ordering operating room supplies and equipment for the entire operating room and specialty equipment for ear, nose and throat and entering patient charges on the computer.

Education

A.D., Nursing, Mott Community College, Flint, Mich., 1974

Michelle Matiski, J.D.

Senior Vice President of Legal Affairs **2002 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Direct the organization and its affiliated health plans on business initiatives, transactions and contracts. Is a member of the business acquisition and growth team for all lines of business.

Member **1995 – 2002**
Osborn Maledon, P.A., Phoenix, Ariz.

Practiced in mergers and acquisitions, corporate finance, growth company representation and real estate transactions.

Member **1988 – 1995**
Meyer, Hendricks, Victor, Osborn & Maledon, Phoenix, Ariz.

Partner **1986 – 1988**
Winston & Strawn, Phoenix, Ariz.

Associate **1980 – 1986**
Winston & Strawn, Phoenix, Ariz.

Professional Organizations/Activities

Phoenix Body Positive HIV/ AIDS Research and Resource Center, Past Chairman of the Board 2001-, Chairman of Board, 1999-2001, Executive Committee, 1994-, Board of Directors, 1994-

Phoenix Body Positive HIV/ AIDS Research and Resource Center Foundation, Treasurer and Board of Directors, 1999-

Community Forum, President, 1997-99, Executive Committee, 1994-, Board of Directors, 1992-

Center Dance, Board of Directors 1997-, Treasurer 1999-

State Bar of Arizona, Business Law Section, Chair, 1992-93, Subcommittee on Revising the Arizona Corporate Code, Vice Chair, 1988-94, Subcommittee (and editing subcommittee) on Rendering Legal Opinions in Business Transactions, Member, 1986-89

Arizona Corporation Commission, Corporations Division Advisory Council, 1997-

National Association of Women Business Owners, Arizona Chapter, 1993-94

Ballet Arizona, Board of Trustees, 1992-96

Lawyers for the Phoenix Symphony, Steering Committee, 1991-92

American Cancer Society, Climb the Mountain, Conquer Cancer, Chair, 1989

Women Executives Association of Metro Phoenix, 1983-84

Arizona Women Lawyers Association, Secretary, 1982-84, Maricopa County Chapter, Steering Committee, 1982-84

Literacy Volunteers of Maricopa County, Board of Directors, 1982-84

Lectures

ALI-ABA seminars: "The Growing Business," Las Vegas, 2001, Chicago, 2000, Scottsdale, 1999

"Tax, Business and Succession Planning for the Growing Company," New Orleans, 1998, Fort Lauderdale, 1997, Pasadena, 1996

"Tax and Business Planning: Strategies for the 90's," Boston, 1995

"Tax and Business Planning after the 1993 Tax Act," San Diego, 1994

"Tax and Business Planning in the 90's," Phoenix, 1992. State Bar of Arizona seminars: "Choice of Entity," 1997

"Representing Arizona Business: The Basics," Chair, 2002, 1996, 1994, 1991, 1989

"The Proposed Arizona Business Corporations Act," panelist on "Mergers, Share Exchanges, Sales of Assets and Dissenters' Rights," 1993

"Troubled Companies, Representing Them and Doing Business with Them," Chair, 1991

"Representing Boards of Directors," Chair, 1988

"Report of Subcommittee on Legal Opinions," panelist, 1987. "Selected Issues under the Revised Arizona Non-Profit Corporate Code," CLE-Ops, 1998

"Limited Liability Companies," PESI, 1994

"Limited Liability Companies," National Association of Tax Practitioners, San Diego, 1992

"Ethics in Business Representation," Maricopa County Bar Association, 1991

"Mergers and Acquisitions," In-House Accountants Society, 1990

"Legal Opinions," Maricopa County Corporation Counsel, 1989

Paul Kagan radio seminar, panelist, 1988

"Venture Capital," Eller School, University of Arizona, 1987

Publications

Vols. 8 (2001) and 9 (2002), *Arizona Legal Forms, Business Organizations, Corporations,* Second Edition. West Publishing, St. Paul, Minn.

Education

J.D., Northwestern University, Evanston, Ill.
B.A., English, with honors, University of Minnesota

Carole A. Matyas, M.S.W.

Vice President, Behavioral Health Services **2004 – present**
Schaller Anderson Behavioral Health, Incorporated, Phoenix, Ariz.

Responsible for setting up and overseeing the behavioral health part of Schaller Anderson's public sector contracts, including carve-in and carve-out behavioral health programs. Implemented and continue to oversee the behavioral health part of Schaller Anderson's contracts in Delaware, Missouri, and Maryland. Participate in development efforts related to behavioral health in Schaller Anderson's public sector business. Also responsible for policy development, provider and stakeholder relations, and growth in Schaller Anderson's public sector business for Schaller Anderson Behavioral Health, Incorporated, and a member of its senior leadership team.

Vice President, Public Programs **1999 – 2004**
ValueOptions, Coppell, Texas

Oversaw all departments and operations related to public sector contracts, including a large staff and call center operations. Responsible for contract negotiation, contract management and compliance for single-specialty HMO and State of Texas government relationships. Managed a $140 million budget; responsible for risk contracts and financial targets. Participated in all senior leadership activities for the company, including corporate business development, expansion and sales initiatives.

Chief Executive Officer **1998 – 1999**
Texas Community Solutions, Inc., Austin, Texas

Oversaw all development and startup activities of this newly formed organization, a private, not-for-profit, single-specialty HMO. Responsible for securing and maintaining the HMO license. Built and maintained relationships with member MHMR centers and worked on their behalf to develop managed care initiatives and business.

Vice President of Regional Operations **1996 – 1998**
Comprehensive Behavioral Care Inc., Dallas, Texas

Managed all departments, contracts, and service for Western region. Oversaw and administered large Medicaid contract with various HMO clients. Responsible for business development and growth for region. Added commercial HMO business within six months of hire date. Managed multimillion dollar budget and all regional operations.

Chief Executive Officer **1995 – 1996**
Metroplex Behavioral Healthcare Services, Inc.
A Charter Behavioral Healthcare System Company, Dallas

Developed entity as a management services organization. Designed system and structure to support risk capitated business. Responsible for business development; implemented two profitable contracts.

Vice President, Business Operations **1993 – 1995**
Adapt Healthcare, Inc., Dallas

Managed front and back office business operations for large group practice with capitated risk business. Responsible for business development. Implemented new business systems for organization.

Assistant Administrator **1991 – 1993**
Deering Hospital, Miami, Fla.

Managed a 70-bed inpatient psychiatric and chemical dependency hospital within a medical/surgical hospital. Responsible for a multimillion dollar budget and more than 50 staff.

Program Director **1989 – 1991**
Bedford Meadows Hospital, Bedford, Texas

Managed a 44-bed inpatient adult psychiatric unit. Supervised a staff of 40. Responsible for budget and business development.

Director of Adoption/Foster Care Program **1983 – 1989**
Catholic Charities, Dallas, Texas

Provided home studies to prospective adoptive parents. Placed children in foster homes and adoptive family homes. Supervised staff of three employees. Provided therapy to couples and unwed mothers.

Primary Therapist **1979 – 1983**
Lourdesmont School, Clarks Summit, Penn.

Provided individual, group and family therapy to adolescents in residential treatment.

Accreditation

LMSW-ACP: Licensed Master Social Worker - Advanced Clinical Practitioner, Texas; certified since 1983.

ACSW: Academy of Certified Social Workers, national, 1989.

Awards

2003 Pamela Blumenthal Memorial Award, Mental Health Association of Greater Dallas, for long-term commitment to quality of care and dedicated delivery of services to people with mental illness.

Education

M.S.W., magna cum laude, Marywood College, Scranton, Penn., 1979

B.S.W., cum laude, Marywood College, Scranton, Penn., 1978

Maureen McGurrin

Director of Special Needs Populations **2000 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Assist health plans managed by Schaller Anderson subsidiaries to improve services and outcome-driven approaches for culturally diverse populations with special needs. Facilitate with the health plans to develop, enhance, and oversee implementation of health service delivery processes. Assist health plan directors of medical management and others in coordinating, evaluating and improving health outcomes. Assist health with contract compliance with state, federal, and other requirements for special needs populations. Provide technical assistance on government proposals and consultations. Do project management for internal and external consulting projects to implement strategy for medical management initiatives with measurable outcomes for special populations.

Healthcare Consultant **1996 – 2000**
Louisville, Ky.

As a subcontractor to Schaller Anderson, Incorporated, prepared responses to government proposals for Medicaid contracts. Successful awards included health plans in Maryland, Missouri and New Mexico. Provided technical assistance and coordinated all phases of operational startup for the delivery of the full scope of Medicaid services at the only newly formed private health plan in Maryland, which succeeded in ranking third out of six participating health plans in membership enrollment. Provided recommendations to improve service delivery for special populations based upon analysis of operations and consumer issues for a private California health plan providing Medicaid benefits. Implementation resulted in improved service delivery and cost containment for membership.

Manager **1990 – 1996**
Arizona Physicians IPA, Inc., Phoenix, Ariz.

Manager in an NCQA-accredited private health plan, the largest managed care Medicaid contractor ($295 million) with the Arizona Health Care Cost Containment System. Immediate accountability was for a $21 million long-term care service delivery component for a culturally diverse population of elderly, physically and developmentally disabled members, inclusive of dually eligible beneficiaries.

Charged with the development, implementation, provision and outcome-based evaluations for long-term care and specialty populations. Accountable for the oversight of daily corporate operations, including fiscal and personnel management, contract compliance, strategic planning, quality improvement/benchmarks, cost containment and customer satisfaction/service.

Acted as liaison with regulators, advocacy groups, community agencies and consumers. Participated on various task forces with state and community agencies to identify and streamline operations for the health care delivery system to long-term care and other special populations. Presented on panels at national conferences regarding Medicaid service delivery.

Managed a team of case managers and other professional personnel at three sites. Prepared and coordinated health needs assessments—including identifying, designing and implementing quality and performance indicators to improve the delivery of health care services—resulting in improved patient outcomes, higher patient satisfaction ratings and consistently high annual audit compliance ratings by regulators (95 percent and above).

Increased patient communication, developed educational materials and conducted outreach activities resulting in significant improvement in member benefit awareness, customer satisfaction and a reduction in member grievances, which was maintained at one percent. Developed and implemented strategies for complying with HEDIS measures. Designed, identified, implemented and analyzed survey tools and data collection; compiled reports and collaborated with providers to effectively increase the delivery of preventive services.

Served on the committee that operationalized and implemented processes for the initial and ongoing NCQA accreditation process and on committees that developed policies/procedures, disease management and clinical protocols to improve quality and lower costs. Revised marketing materials and directed strategies to a culturally diverse population. Prepared and coordinated responses to government requests for proposals and analyzed competitors' methodologies, leading to increased contract awards and market share at each bid award. Negotiated key provider contracts and developed specialty services, which were duplicated by competing plans and other vendors.

Consultant **1989 – 1990**
Association of Retarded Citizens, Chandler, Ariz.

Developed training programs and maintained compliance with state-awarded contracts.

Director **1976 – 1989**
Valley of the Sun School, Phoenix, Ariz.

Director and assistant to executive director of the largest rehabilitation facility in Arizona, with an annual operating budget of $4.5 million (FY89), 196 employees and more than 200 clients. Held senior management responsibilities for daily corporate operations, including finance, communications, contract negotiation, employee supervision/evaluation, marketing, public relations, sales, and fundraising.

Directed marketing and sales programs, including all contract negotiations, resulting in $1 million (29 percent) increase in revenues in FY89. Designed and implemented quality assurance controls to maximize efficient labor and client operations. Negotiated purchase of outside professional and business services, approved fiscal expenditures and developed grant proposals. Conducted regular cost-benefit analyses to maintain appropriate levels of manpower, compensation and employee benefits to support revenue growth within stringent organizational cost objectives.

Manager **1974 – 1976**
Volunteers of America, Jacksonville, Fla.

Supervised daily operations of a residential treatment center and clients. Increased state-awarded contracts, increasing revenues and program operations by 16 percent.

Education

B.A., Sociology/ Education, University of South Florida, Tampa

Joseph Mislove, J.D., M.B.A.

Chief Counsel for Compliance and Regulatory Affairs **2003 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Direct systemwide compliance program and activities. Counsel management on federal and state Medicaid and insurance regulatory issues.

Of Counsel/Member **2000 – 2003**
Coppersmith Gordon Schermer Owens & Nelson P.L.C., Phoenix, Ariz.

Focused on advice to Schaller Anderson, state hospital association, health care providers, and managed care organizations in Medicaid and other regulatory, operational, reimbursement, compliance and transactional matters.

Of Counsel **1998 – 2000**
Lewis and Roca LLP, Phoenix, Ariz.

Focused on advice to Schaller Anderson, health care providers, and managed care organizations in Medicaid and other regulatory, operational, reimbursement, compliance and transactional matters.

General Counsel and Chief Administrative Officer **1989 – 1998**
Arizona Physicians IPA, Inc., Phoenix, Ariz.

Managed grievance and appeals department for state's largest Medicaid health plan. Counseled management on federal and state Medicaid and insurance regulatory issues.

Invited Lectures

Numerous lectures on health care law topics, including regulation of claim payment practices, peer review, managed care contracting, the National Practitioner and the Healthcare Integrity and Protection Data Banks, medical record confidentiality, sentinel events under the Joint Commission on Accreditation of Healthcare Organizations and Emergency Medical Treatment and Active Labor Act

Professional Organizations

American Health Lawyers Association

Executive committee, Arizona Association of Health Care Lawyers; president, 1996 – 1997.

Education

J.D., University of Arizona, Tucson, 1986

M.B.A., Arizona State University, Tempe, 1986

B.S., Arizona State University, Tempe, 1981

Arthur Pelberg, M.D., M.P.A.

President and Chief Medical Officer **1988 – present**
Schaller Anderson, Incorporated, Phoenix, Ariz.

Oversee medical management, including quality and utilization systems. Supervise the clinical activities of the managed care organizations and affiliates. Frequent lecturer and consultant at national and regional seminars on managed care and medical management.

Vice President of Medical Services and Corporate Medical Director **1989 – 1996**
Arizona Physicians IPA, Inc., Phoenix, Ariz.

Under a Schaller Anderson management contract, responsible for all aspects of medical management systems for a 141,000 member Medicaid managed care organization. Responsibilities included oversight of policy and procedures, prior authorization, utilization management, quality management, prevention and wellness, and 15 associate medical directors. Directed development of the drug formulary and credentialing system as well as the teenage pregnancy, care management, and immunization programs. Established population-based guidelines and served on the committees for pharmacy and therapeutics, utilization management, and quality assurance.

Physician **1981 – 1999**
South Mountain Physicians, P.C., Phoenix, Ariz.

Primary care physician, board certified in internal medicine, quality assurance and utilization review. Founded the practice in 1981 and oversaw its growth to a multispecialty group practice with 17 physicians, 25,000 patients, a staff of 40, and contracts with several managed-care organizations.

Medical Director **1985 – 1987**
Phoenix Health Plan, Phoenix, Ariz.

Medical Director **1979**
South Phoenix Ambulatory and Emergency Care Center, Phoenix, Ariz.

General Medical Officer and Service Unit Director **1978**
Public Health Service Indian Health, Whiteriver, Ariz.

General Medical Officer and Service Unit Director **1978**
Public Health Service Indian Health, Keams Canyon, Ariz.

Teaching

Instructor, Intermediate Emergency Medical Technician Course, State of Arizona, 1977 – 1978

Clinical Instructor, Internal Medicine, Internal Medicine Residency Program, Good Samaritan Hospital, Phoenix, 1981 – 2000

Professional Activities

Member, Area Advisory Committee for the Medicare Competitive Bid Project, 1999

Reviewer, National Committee for Quality Assurance, 1991 – 1996

Member, Governing Body of the Northern Arizona Health Services Agency, 1977 – 1978

Advisor to the Hopi Indian Tribe on health and welfare, 1976 – 1978

Advisor to the White Mountain Apache Indian Tribe on health and welfare, 1978

President, Rocky Mountain Chapter, American College of Medical Quality, 1991 – 2002

Past chairman, Quality Assessment Committee of Activities, Phoenix Memorial Hospital, 1984 – 1987

Initiated the Utilization Review process for the Phoenix Health Plan (a plan of the Arizona Health care Cost Containment System), 1983

Participated on utilization review committees for Intergroup and FHP (HMOs in Arizona), 1988 – 1992

Initiated the quality assurance and utilization review procedures for COR HEALTH (an outpatient surgery program), 1984

Invited Lectures

Cardiac isoenzymes: An update, February 7, 1980; Disseminated Intervascular Coagulation, February, 1981; Phoenix Chapter, American Association of the Critical Care Nurses

Quality assurance systems, Veterans' Administration, Region III, May 1998

Data and quality, American Medical Care and Review Association, national meeting, 1989

National lecturer for the American College of Medical Quality, 1989 – present

Memberships

Member, American College of Physicians

Member, American Medical Association

Member, Maricopa County (Arizona) Medical Society

Fellow, American College of Medical Quality; president, 1999 – 2002; board member, 1994 – present

Publications

Quality management principles and practices. Ch. in *Core curriculum and quality*. Jones and Bartlett. In press.

Missed myocardial infarction in the emergency room, *Quality Assurance and Utilization Review,* 4.2, May 1989.

Credentialing: A current perspective and legal background, *Quality Assurance and Utilization Review,* 4.1, February 1989.

Board Certification

American Board of Internal Medicine, 1981, Certificate 80538

American Board of Quality Assurance and Utilization Review Physicians, 1988, Certificate 2944

Fellow, American College of Utilization Review Physicians, 1989

Licenses

Arizona, Pennsylvania, Missouri, Maryland, California, and Delaware

Training

Internship, Good Samaritan Hospital, Phoenix, 1975 – 1976

Residency, Good Samaritan Hospital, Phoenix, 1979 – 1981

Education

M.P.A., Pennsylvania State University, Capital College, Middletown, Pa. 1988

M.D., Temple University, Philadelphia, Pa., 1975

Deborah J. Perkins, M.B.A.

Director of Care Management **2001 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Responsible for analyzing, developing, implementing and evaluating medical management programs for all Schaller Anderson health plan affiliates. Expertise in utilization management, case management, disease management and demand management. Develop training to ensure adequate systems and staffing infrastructure and support for medical management. Design, modify and propose operational systems and processes to most effectively manage utilization in clinical elements of the corporation and health plan affiliates.

Vice President, Administration **1988 – 2000**
Maryland General Hospital, Baltimore, Md.

Responsibilities included 15 departments: Laboratory, Phlebotomy, Pathology, Oncology, Risk Management, Quality Improvement & Education, Resource & Utilization Management, Health Information Management, Medical Staff Credentialing, Admitting/Registration, Infection Control, Social Services, Dietary/Nutritional Services, EEG/Neurology, and Environmental Services. Hospitalwide responsibilities included case management development, customer service implementation, reengineering, JCAHO, and performance improvement and serving as Acting Corporate Compliance Officer.

Developed and implemented laboratory outreach programs, increasing revenue by $600,000 in year one and $1,147,000 in year two. Marketed laboratory services and products to physicians' private offices, nursing homes, clinics, employers and other hospitals, increasing revenue by $1.5 million in 18 months.

Implemented cost control and reporting system, emphasizing cost reduction in all departments. Implemented denial strategy, reducing third-party denials by $1.6 million in three months. Reduced average length of stay by 12% in four months, the greatest reduction in Maryland for November 1999, and January and February 2000.

Developed systems to avoid a $1 million spend-down from Medicare. Served as project manager for new $3.5 million construction of cafeteria. Redesigned jobs and introduced cross-training in eight departments, resulting in salary savings. Helped lead task force to plan and implement a clinical/financial computer system.

Led hospital efforts that achieved JCAHO accreditation with consecutive scores of 96. Implemented programs to receive the first accreditation from American College of Surgeons for oncology services. Developed a managed care credentialing system. Made presentations to board of directors on resource management, performance improvement and JCAHO. Developed close working relationships with medical staff on issues such as credentialing, rules and regulations, resource management and JCAHO standards.

Administrative Director **1979 – 1988**
St. Mary's Hospital, Reno, Nev.

Responsible for eight departments, state licensure and JCAHO accreditation.

Licenses

Diplomate, American College of Healthcare Executives

Certified Professional in Healthcare Quality

Registered Health Information Administrator

Professional Organizations

American College of Healthcare Executives

American Health Information Management Association; National Board of Directors, 1986-1989; Nevada State President, 1981-1985

Maryland Hospital Association; Council on Clinical Quality, 1998-2001; MHA representative to the PRO/HCFA master committee, 1993-2000; chairman's committee, legislation for medical record copying costs, 1993; chairman's subcommittee, controlling Medicare cost increases, 1991; task force on controlling Medicare cost increases, 1991; quality indicator project, 1990; member of quality indexing committee, 1989

Education

M.B.A., Pepperdine University, Los Angeles, Calif.

B.A., Medical Records Administration, Hillcrest Medical Center, Tulsa, Okla.

B.S., Business, Southern Illinois University, Carbondale

Jay T. Roundy, M.A., D.P.A.

Chief Operating Officer **2003 – present**
Schaller Anderson Behavioral Health, Incorporated, Phoenix, Ariz.

Responsible for all operations of the behavioral health division, including building the organizational infrastructure, efficiently managing and effectively leading the organization to exceed all performance standards.

Founder, President & Chief Executive Officer **1995 – 2003**
Alignment Technologies, Inc., Chandler, Ariz.

Collaborated with clients to assess, design, deliver and evaluate performance solutions based on behavioral science and human and organizational performance principles.

Vice President, Western Region **1991 – 1999**
MCC Behavioral Care (now CIGNA), Mesa, Ariz.

Responsible for 25 states. Primary responsibilities included general management of the region's operations and resources in a manner that achieved profitability goals and consistency of operations. In addition, provided leadership and direction, planning, budgeting, controlling and coordinating of all clinic operations and staff in order to assure appropriate professional and fiscally sound operations.

Vice President and Chief Executive Officer **1987 – 1991**
East Valley Camelback Hospital, Mesa, Ariz.

Responsible for construction management through occupancy, managing day-to-day operations of a 62-bed psychiatric hospital according to the goals and budget approved by the board of directors. Implemented institutional policies and directives, maintained medical staff relations, represented the hospital at professional organizations and in the community, and acted as staff to the multihospital corporate system.

Executive Director/Assistant Administrator **1984 – 1987**
Tri-City Community Behavioral Health Center and
Desert Samaritan Hospital, Mesa, Ariz.

Maintained high quality of services while generating enough revenue to meet or surpass operational expenses. Directed and coordinated with various departments in the hospital.

Program Coordinator and Behavioral Health Clinician **1977 – 1984**
Tri-City Mental Health Center, Mesa, Ariz.

Responsible for the coordination and delivery of a variety of behavioral health programs and services funded both publicly and privately.

Community Activities

President, board of directors, Rotary Club of Mesa

Secretary, president, Mesa Ho Ho Kam Foundation

Treasurer, board of directors, Mesa Chamber of Commerce

Professional Memberships

American Society of Public Administration

Western Social Science Association

Education

Doctor of Public Administration, Arizona State University, Tempe

M.A., Counseling Psychology, Chapman College, Orange, Calif.

B.A., Psychology, Chapman College, Orange, Calif.

Stephanie Saba, Pharm.D.

Corporate Pharmacist **2003 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

See that authorization requests are responded to in a professional, competent manner and timely manner according to established policy and procedures. Assist the Corporate Director of Pharmacy with the development of programs and authorization guidelines designed to promote the efficient delivery of pharmacy services while applying appropriate criteria and policies for authorization requests. Responsible for the review and timely processing of requests for authorizations for pharmacy services from health professionals.

Pharmacy Director/Clinical Pharmacist **1997 – 2003**
Humana Health Care Plans, Phoenix, Ariz.

Clinical Responsibilities

Worked with personal nurses in the review of patients' medication profiles, auditing for drug-drug interactions, duplicate drug therapies, side effects, and best medication choices. Was drug information consultant for all departments in Arizona and Nevada. Responsible for educating providers on prescription benefit policies and alternative drug therapies in order to enhance the quality of care delivered to members while maintaining pharmaceutical cost efficiency. Developed disease management protocols for prior-authorization medications to ensure a consistent and standardized way to approve or deny medications. Prior authorization of self-administered injectables and oral medication as relates to member's contractual coverage and medical necessity. Responsible for educating brokers and commercial sales groups regarding pharmacy benefits and assist in resolving drug coverage issues. Authored articles in 1998 in *Active Outlook,* Humana's national wellness magazine for Medicare member.

Management Responsiblities

Chaired Market Pharmacy and Therapeutics Committee meetings and participating National P & T committee meetings, offering recommendations and support documentation as medications were reviewed. Developed and implemented a strategy for distributing and administering medications/ diabetic supplies through the most cost effective avenue, saving over $180,000. Rolled program out on a national level with the savings potential of 3.5 million. Provided pharmaceutical insight to Financial Recovery Department in the review of hospital claims by focusing on medication overcharges, saving over $50,000 in 2002. Involved with the implementation of new computer programs: Power Play, Data Mart, Infopac, and Impromptu. Developed standardized templates for data extraction along with standardized reports for all departments as relates to pharmaceutical care.

Assistant Director of Pharmacy **1992 – 1997**
Phoenix Memorial Hospital; Phoenix, Ariz.

Clinical Responsiblities

Responsible for promoting cost-effective formulary programs consistent with direction of the Pharmacy and Therapeutics Committee of both Phoenix Health Plan (PHP) and Phoenix

Memorial Hospital (PMH). Formulary responsibilities included reviewing, monitoring utilization, and analyzing costs of new drugs. Responsible for planning, implementing and coordinating the development for medication utilization evaluation programs and providing on going support. Consultant for Phoenix Health Plan, a corporate-owned, 30,000-member HMO. Involved in the development of therapeutic guidelines for disease states, formulary selection and review, and medication informational questions. Developed an adverse drug reaction program and provided education on it. Developed pharmacokinetics program for aminoglycosides. Accompanied medical team on rounds in the special care unit.

Management Skills

Provided direction and guidance for the staff pharmacists with regard to pharmacy services. Involved with implementation of Cerner/ Megasource information system. Coordinated the development and implementation of clinical pharmacy services designed to provide outcome-oriented pharmaceutical care in both hospital-based patients and skilled nursing facility patients. Involved in the development of policy and procedures. Did personnel evaluations. Participated in continuous quality improvement groups.

Pharmaceutical Consultant **1994 – 1997**
Chandler Health Care Nursing Home, Chandler, Ariz.

Did monthly reviews of patients' charts. Evaluated appropriateness of medication dosing, medication usage, and proper laboratory monitoring for medication. Offered recommendations for appropriate medication therapy.

Pharmacy Intern **1989 – 1990**
Revco Drug, Inc., Tucson, Ariz.

Filled and dispensed prescription orders, counseled patients on their medications, compounded prescription orders, and did computer input.

Pharmacy Intern **1987 – 1989**
Arrow Pharmacy, Chandler, Ariz.

Participated in filling and dispensing prescription orders, computer input, unit-dose dispensing for nursing home, and patient consultations.

Licenses

Arizona 9836

California 45635

Professional Organizations

Arizona Society of Health-System Pharmacists

American Society of Health-System Pharmacists

American Managed Care Pharmacists

Education

Clinical Pharmacy Residency, Carl T. Hayden VA Medical Center, Phoenix, Ariz.

Pharm.D., University of Arizona, Tucson

B.S., Pre-pharmacy, University of Arizona, Tucson

John Schaller, M.D.

Medical Director **2001 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Responsible for utilization management and prior authorization as well as design and implementation of case management, disease management, and quality improvement programs.

Lead Physician, Occupational Medicine Department **1994 – 2001**
SHARP Mission Park Medical Group, Vista, Calif.

Medical Director **1983 – 1994**
SeaRiver Maritime, Inc., Houston, Texas

Refinery Medical Director **1992 – 1993**
Baytown Texas Refinery, Baytown, Texas

Assistant Medical Director **1991 – 1992**
Exxon Company, U.S.A., Houston, Texas

Professional Organizations

American Medical Association

American College of Occupational and Environmental Medicine

American College of Preventive Medicine

Academic Appointment

Clinical Assistant Professor, Department of Internal Medicine, University of Texas School of Medicine, Houston, 1992 – 1994

Certifications and Licenses

Arizona, 17949

California, G66859

American Board of Internal Medicine

American Board of Preventive Medicine

- Occupation Medicine
- Public Health and General Preventive Medicine

National Board of Medical Examiners

Medical Review Officer

Qualified Medical Examiner

Education

Master of Public Health, Occupational Health, Graduate School of Public Health, San Diego State University, San Diego, Calif.

M.D., College of Medicine, University of Arizona, Tucson

B.S., Psychobiology, University of Southern California, Los Angeles

Eileen P. Shaw, R.N.

Manager, Case and Disease Management **2005 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Assist health plans in the development and monitoring of the annual utilization management plan and annual evaluation of the utilization management activities. Perform annual audits of the health plans' utilization management plans. Keep abreast of all health plan local medical trends, analyze patterns that impact the effort to effectively manage utilization and quality of medical services and report these through the 30-60-90 process. Develop project budget requirements for affiliated health plans and for medical claims review. Work with utilization management department at each health plan to develop innovative approaches to improve cost effectiveness and reduce administrative expenses. Ensure that all health plans have up-to-date utilization management polices, desktops and toolkits based on Schaller Anderson standards.

Manager, Case and Disease Management **2001 – present**
Mercy Care Plan/Schaller Anderson Incorporated, Phoenix, Ariz.

Responsible for all case management and disease management activities, along with member initiatives. Responsible for meeting all state and federal regulatory requirements for case and disease management. Chair multiple health management teams, overseeing 52 professional and nonprofessional staff with over 4,000 members in active case management. Manage multiple quality performance improvement programs and disease management programs and initiatives.

Manager, Case Management Department **2001 – present**
Maryland Physicians Care., Baltimore, Md.

Responsible for all case management activities, disease management, and member initiatives and for meeting all state and federal regulatory requirements. Chair of multiple health management teams, overseeing 26 professional and nonprofessional staff with over 4,000 members in active case management. Manage multiple quality performance improvement programs and a disease management program. Coordinate onsite case management discharge planning.

Manager, Quality Improvement **1999 – 2001**
Frederick Memorial Hospital, Frederick, Md.

Responsible for all quality and risk management issues for home care and hospice. Supervised the clinical support staff working with medical records, concurrent and retrospective review, order entry, and collection of data/ indicators for Joint Commission. Chaired all performance improvement teams related to Joint Commission. Coordinated activities of the Medicare Conditions of Participation and Joint Commission Standards for Home Care and Hospice. Chaired hospital-wide pain management team.

Coordinator, Quality and Risk Management **1996 – 1999**
Sinai Hospital, Baltimore, Md.

Responsibilities included teaching, coordinating, facilitating and case finding. Responsible for all quality, utilization and risk issues for outpatient departments, women and children services,

oncology, surgery and pediatric emergency. An active member of numerous committees, chairing many of them. Taught all hospital personnel, from physicians to management, about the philosophy of the hospital and quality, utilization and risk issues. Responsible for coordinating action plans for improving performance.

Discharge Planner/Case Manager **1995 – 1996**
Sinai at Home, Sinai Hospital, Baltimore, Md.

Interacted with physicians and hospital staff in discharge planning. As team leader managed two RN coordinators; coordinated all home care needs for patients/family in case load. Responsibilities included insurance verifications, physician orders, and securing any equipment needed for the smooth transition from the hospital to home. Member of the cancer committee and a cancer committee subgroup coordinating a wellness program for patients at Sinai. Involved in the MI and joint pathway development.

UR/Case Manager **1994 – 1995**
Blue Cross and Blue Shield of Maryland, Baltimore, Md.

Responsible for all UR, case management, discharge planning, risk, and quality for all patients at Sinai Hospital with Blue Cross and Blue Shield, Care First, or Freestate. Case load averaged 80 patients.

QM/UR Coordinator **1989 – 1994**
Veterans Administration, Baltimore, Md.

Responsible for all quality and utilization activities. Audited charts for Joint Commission standards, utilization and quality management issues. Member of several committees and subcommittees, coordinating many of their issues. Selected by the Developmental Task Force to help implement the medical cost recovery program throughout the VA system. Developed functional statements and orientation packages for all new employees in the department.

Various Nursing Positions **1976 – 1989**
Rochester, N.Y., and Kansas City, Mo.

Staff nurse in medical, surgical, and open heart thoracic ICUs. Other responsibilities included utilization, quality and risk coordinator positions.

Licenses

R.N., New York and Maryland; applications pending for Arizona and Kentucky

Certification

Case Manager, October 2004

Quality Management, May 2003

Case Management, February 2002

Disease Management, Train the Trainer, April 2002

Education

Currently pursuing Masters in Healthcare Management, University of Phoenix, Phoenix, Ariz.

Associate in Applied Science, Nursing, Monroe Community College, Rochester, N.Y.

Robert K. Thielen, D.D.S.

Dental Director **2005 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Participate in the development of standards governing the availability of acceptable dental services within Mercy Care Plan. Assist in the development of policies and procedures that impact dental care. Evaluate proper utilization and quality of dental services. Assist the chief medical officer in providing medical/dental management leadership. Serve as member of various management leadership committees. Serve as dental liaison between providers of care, AHCCCS Administration, and other county, state, and federal dental agencies.

Dental Consultant **1999 – 2005**
Wolfe Consulting Group, Phoenix, Ariz.

Implemented dental division within established medical consulting group. Provide comprehensive consulting in dental practice management, including sales, acquisitions, marketing, and new practice startups.

Independent Dental Consultant, **1998 – 2005**
National Provider Review Unit, Aetna Insurance, Hartford, Conn.

Provided on-site facility and chart audits of practices in eight Western states. Direct input and quality improvement recommendations.

Practitioner/Staff Dentist **1997 – 1999**
CIGNA Dental, Sun City, Ariz.

Responsible for planning, scheduling, and treating senior patients in large HMO setting, Interacted with dental management at all levels.

Practitioner/Supervising Dentist/Consultant **1995 – 1997**
Paralign Staffing Services, Phoenix, Ariz.

Provided technical skills, management, and consulting services to dental practices in transition due to sale, illness, or disability of owner/dentist.

Private Practice **1992 – 2005**
Scottsdale and Youngtown, Ariz.

Designed and built private practice with emphasis on comprehensive, quality care and adherence to current medical and legal standards. Maintain significant patient populations from CIGNA Dental, Blue Cross/Blue Shield, and Delta Dental.

Managing Dentist/Staff Instructor **1982 – 1985**
Crestwood Career Academy, Tempe, Ariz.

Provided dental services while training students in clinical dental assistant program. Maintained financial viability of clinic through a number of capitation/PPO insurance plans.

Certification

Certificate in practice management techniques, Pride Institute

Licenses

Western Regional Dental Licensing Board, 1982

Licenses to practice dentistry in Arizona and Colorado

Education

M.B.A., emphasis on health care management, Arizona State University, Tempe, 1993

D.D.S., Loyola University School of Dentistry, Chicago, Illinois, 1981

B.A., Psychobiology, University of California, Los Angeles, 1976

Patricia E. Weathers, R.N., M.S.N.

Vice President of Medical Management **2001 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Responsible for utilization review, prior authorization, health services, quality management, disease management, and case management; directing, developing, and implementing programs; overseeing compliance with state and federal regulations; and monitoring medical trends.

Director, Health Services **1999 – 2001**
PacifiCare of Arizona, Phoenix, Ariz.

Responsible for prior authorization, utilization management, health improvement, credentialing, and medical information support groups. Utilized multiple tools to manage and trend bed day performances. Developed admissions avoidance programs with a focus on continuous improvement of utilization management. Accountable for compliance with state and federal guidelines and NCQA by functional areas. Collaborated with finance, sales, and network management to identify indicators and benchmarks and to evaluate outcomes of service, providers, and programs.

Manager, Network Management **1995 – 1999**
PacifiCare of Arizona, Phoenix, Ariz.

Manager of statewide Preferred Provider Organization (PPO) network. Responsible for the development of a proprietary PPO network, facilitated transition of the PPO product to company standard benefits, and improved profitability of the PPO product. Led a multidisciplinary team in developing a new point-of-service product. Successfully led a team through the closure of several networks.

Director, Network Management **1993 – 1995**
Preferred Plan, Inc./Indiana, Fort Wayne, Ind.

National director of all provider networks. Responsible for credentialing, contracting, relations, and education. Accountable for implementation of new products pertaining to network enhancements and expansions. Participated in sales and marketing to managed care companies, third-party administrators, self-funded groups, and other employers.

Independent Consultant **1992 – 1993**
Upland, Calif.

Self-employed consultant. Clients included national managed care companies and health care providers. Consulting activities included network development for managed care providers. Assisted health care providers in marketing and in negotiating with managed care companies.

Arizona Plan Director **1992**
TakeCare, Inc., Phoenix, Ariz.

State director and general manager of a federally qualified HMO and PPO network. Responsible for all aspects of plan during transition to new owner. Accountable for all aspects of PPO

network, including provider credentialing, provider contracting/relations, network management, and marketing of network.

Arizona Plan Director **1989 – 1992**
Lincoln National, Phoenix, Ariz.

State director of a national insurance company's managed health care organization, which included HMOs, PPOs, and indemnity products. Responsible for all aspects of the service area, which included administration, accounting, provider contracting/relations, credentialing, utilization review, quality assurance, member services, and product development. Accountable for annual operating budget of $2.2 million as well as profitability and performance of all products.

Health Care Services Coordinator **1989 – 1990**
Lincoln National, Phoenix, Ariz.

Responsible for provider relations, contracts, quality assurance, case management, and utilization review of managed care products in Tucson and southern Arizona.

Facility Manager **1987 – 1989**
Wabash Valley MRI Center, Terre Haute, Ind.

Managed free-standing Magnetic Resonance Imaging (MRI) center, a joint venture between two competing hospitals with 42 physicians as limited partners. Administered operations and an annual budget of $1.6 million. Directed marketing, education, and public relations. Coordinated recruitment and retention of medical, technical, and support staff. Developed policies and procedures and staffed management and physician committees.

Director of Nursing **1983 – 1987**
Mary Sherman Hospital, Sullivan, Ind.

Responsible for organization, direction, and efficiency of the Nursing Department in a not-for-profit hospital with 100 beds. Managed approximately 125 registered nurses and support staff. Participated in fiscal management of hospital and served as acting administrator in the absence of hospital administrator. Staffed numerous board, hospital, and medical staff committees. Participated in JCAHO accreditation and state Board of Health licensure surveys. Assisted with marketing, physician recruitment, and public relations.

Coordinator of Critical Care **1982 – 1983**
Union Hospital, Terre Haute, Ind.

Responsible for the overall organization, direction and functioning of four critical units in a not-for-profit, 350-bed hospital. Managed 70 registered nurses and support staff. Participated in numerous hospital and medical staff committees. Worked with school of nursing to establish a joint faculty program.

Assistant Professor of Nursing **1979 – 1982**
Philip Y. Hahn School of Nursing
University of San Diego, San Diego, Calif.

Taught various medical, surgical, nursing assessment and management courses at a baccalaureate nursing program for returning registered nurses. Taught a health education class to the general student population. Served on various school of nursing and university committees.

Instructor **1978 – 1979**
Indiana State University School of Nursing, Terre Haute, Ind.

Taught a 12-credit medical surgical class for juniors within the nursing program. Served on various school of nursing and university committees.

Staff Nurse and Intensive Care Experience **1975 – 1982**
Terre Haute and Indianapolis, Ind., and San Diego, Calif.

Held various staff positions in intensive care, medical/ surgical units and oncology unit.

Publications and Research

An exploratory study of faculty practice: Views of those faculty engaged in practice who teach in an NLN accredited baccalaureate program. *Western Journal of Nursing Research,* Fall 1983.

Level of job satisfaction: A comparative study of staff nurses working eight-hour shifts vs. twelve-hour shifts, 1983.

Certifications and Licenses

Registered nurse, Arizona and Indiana

Education

M.S., Nursing Administration and Medical/ Surgical Nursing, Indiana University School of Nursing, Indianapolis, 1978

B.S., Nursing, Indiana State University, Terre Haute, 1975

Linda K. Wertz

Vice President for Business Development **2003 – present**
Schaller Anderson, Incorporated, Austin, Texas

Responsible for overseeing and providing technical advice for all new Medicare and Medicaid business development activities, including creating and implementing business models, directing RFP responses and managing existing client contracts. Is a member of the business acquisition and growth team for all lines of business.

Deputy Commissioner for Medicaid and CHIP, State Medicaid Director **1996 – 2002**
Texas Health and Human Services Commission, Austin, Texas

Responsible for the administration of a $13 billion health care program serving approximately 2.4 million low income families, elderly and disabled persons. Also responsible for the Children's Health Insurance Program, serving approximately 525,000 Texas children with a budget of $1.6 billion. Responsibilities included supervision of 200 staff; oversight and administration of the Medicaid services delegated to five operating agencies; day-to-day program administration for the Medicaid acute care services; supervision of 13 Medicaid and SCHIP health plans serving 1.2 million clients; procurement; contract management; customer services; coordination with governor's office and state legislative offices; and liaison with federal government agencies as well as the general public.

Bureau Chief, Managed Care Bureau **1993 – 1996**
Texas Department of Health, Austin, Texas

Responsibilities included implementation of the first Medicaid managed care pilots in the state, oversight, strategic development, and monitoring of Medicaid managed care. Daily interaction with the health plans and claims administrator. Supervised 10 Medicaid health plans that included approximately 500,000 Medicaid clients, involving a budget of approximately $10 million. Supervised 17 staff.

Manager, Purchased Health Services **1987 – 1993**
Texas Department of Human Services, Austin, Texas

Managed the Texas Medicaid acute care insurance contract serving 1.7 million clients with preventive health services, EPSDT, family planning, medical transportation, and client customer services. Responsibilities included program policy development, contract management, provider relations, and day-to-day operations. Supervised 48 staff.

Administrator, Policy & Procedures Unit **1983 – 1987**
Texas Department of Human Services, Austin, Texas

Responsible for policy development and procedural guidelines for the Medicaid insurance program; managed client customer services. Supervised three professionals and secretarial support unit.

Executive Assistant to the Deputy Commissioner for Healthcare Services and Assistant Commissioner for Purchased Health Services **1980 – 1983**
Texas Department of Human Services, Austin, Texas

Provided administrative support to executives; served on the Personnel Committee; handled building management responsibilities; supervised secretarial support staff; conducted regional and state office training on the Medicaid program; and participated in procurement of the insurance contract.

Administrative Assistant to the Deputy Commissioner for Management and Chief of Fiscal Division **1971 – 1980**
Texas Department of Human Services, Austin, Texas

Provided administrative support to executive staff, including budget preparation, routine office work, and responding to inquiries. Participated in two major projects involving the procurement of the Medicaid insurance contract and a task force appointed by the governor to identify improvements in the administration of the Medicaid program.

Invited Lectures

Women in Government

Texas Association for Public Non Profit Hospitals

Texas Medical Association

American Medical Association

Texas Hospital Association

National Association of State Budget Officers

Texas Association of Community Health Centers

National Academy of State Health Policy

Children Hospitals Association of Texas

Center for Rural Health Development

Professional Organizations

Chair, National Association of State Medicaid Directors, 1999 – 2002; Vice-Chair, 1997 – 1999

Member, National Academy of State Health Policy, 1999 – 2002

Cochair, Center for Health Care Strategies, 1999 – 2002

Board member, National Quality Forum, 2000 – 2002

Nominated for Outstanding Women in State Government, Professional Development, 2002

Executive Women in State Government, 1989 to present

Volunteer, St. David's Hospital and Church

Education

B.S., Business Administration, major in management, The University of Texas at Austin, 1993

Neil West, M.D.

Medical Director, Group Consulting **2001 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Introduced Statistical Process Control techniques. Developed short cycle methodology of Plan, Do, Study, Act to predict future performance of delivery systems; two-month snapshot from a stable process health plan accurately forecasts the bed-day experience for the plan. Stratify costs by frequency, high dollar and location to implement care delivery changes to improve health outcomes. Help local health plan medical director select partners to implement process changes in care delivery. Foster collaboration among plan providers to improve care processes. Measured process improvement in asthma with 30 percent reduction in admits, increased use of inhaled steroids and leukotriene with improved care processes. Sustained improved for 24 months post-implementation. Track pharmacy utilization by specialty, plan and therapy classification. Responsible for physician profile activities for all health plans and specialty specific reports. Conduct special projects with medical groups to foster improvement in clinical outcomes for plan members.

Principal **1998 – 2002**
Millennium Medicine, Tucson, Ariz.

Provide consulting for effective change management techniques in rapidly changing health care markets. Understand key processes of health care, measure changes and present actionable-signals information from voluminous noisy data inputs.

Associate Medical Director, Operations, Physician Services Division **1994 – 1998**
Healthpartners of Southern Arizona, dba GHMA Medical Center, Tucson, Ariz.

Oversight for 26,000 encounters per month in five facilities with capitated accounts in commercial, Medicare, Medicaid and fee for service.

Associate Medical Director, Operations **1989 – 1998**
GHMA Medical Centers, Tucson, Ariz.

Operational responsibility for services delivered to a 80 percent capitated managed care population of commercial, Medicare and Medicaid patients and 20 percent fee for service. Physician recruitment and placement for the medical group.

Regional Facility, Medical Director **1988 – 1989**
GHMA Medical Centers, Tucson, Ariz.

Management of multispecialty facility including OB/GYN, dermatology, general surgery, internal medicine, family practice, pediatrics, ophthalmology, psychiatry, gastroenterology and radiology.

Module Leader, Pediatrics **1986 – 1988**
GHMA Medical Centers, Tucson, Ariz.

Clinical leader for six-member physician pediatric module.

Solo Practice **1972 – 1985**
Corvallis, Ore.

General Medical Officer **1967 – 1968**
USNS *General Walker*

Senior Medical Officer **1968 – 1969**
Naval Communications Station, Stockton, Calif.
Management of a two-doctor medical dispensary.

Board Certification

Pediatrics

Licenses

Arizona, Texas

Professional Organizations

American College of Physician Executives

American Medical Group Association

American Academy of Pediatrics

Arizona Medical Association

Health Care Division, American Society for Quality

American College of Medical Quality

American Association of Health Plans

President, Oregon State Pediatric Society, 1982 – 1984

Pima County Medical Society

Pima County Pediatric Society

Society of Prospective Medicine

Education

Pediatric residency, Chief Resident, Children's Medical Center, Dallas, Texas, 1971-72

Rotating internship, Ben Taub General Hospital, Houston, Texas, 1966-67

M.D., Baylor College of Medicine, Houston, Texas, 1966

B.S., Medicine, University of North Dakota, Grand Forks, 1964

B.S., Chemistry, University of North Dakota, Grand Forks, 1962

Clyde Wright, M.D.

Special Consultant **2003 – present**
Schaller Anderson of Arizona, L.L.C., Phoenix, Ariz.

Responsible for the recruitment, education and retention of physicians who serve the health plans administered by Schaller Anderson affiliates in Arizona, California, Delaware, Maryland, Missouri, and Texas.

President and General Manager **1989 – 2002**
CIGNA HealthCare of Arizona, Phoenix, Ariz.

Led organization with Medicare, Medicaid, and commercial lines of business. Responsible for profit and loss on annual revenue of $1 billion for a population of 550,000 lives.

Chief Medical Officer/Medical Director **1985 – 1989**
CIGNA HealthCare of Arizona, Phoenix, Ariz.

Responsible for quality initiatives, utilization management, and patient care for an IPA population of 150,000 and a staff model population of 160,000.

Family Practice **1973 – 1985**
Arizona Health Plan, later CIGNA HealthCare of Arizona, Phoenix, Ariz.

Positions held, in addition to family practice, included Central Area Medical Director; Chief of Staff, McDowell Facility; and Family Practice Department Chair.

Chief Medical Officer **1971 – 1973**
Fallon Naval Air Station, Fallon, Nev.

Responsible for overall medical care for active-duty personnel and dependents, a patient population of 8,000. Oversaw medical clinic.

Volunteer Work

Career Concepts for Youth

Phoenix Youth and Education Commission

United Way, Investing in Youth Panel

Phoenix Chamber of Commerce

Phoenix Memorial Hospital Foundation

Lovelace Health Systems

Junior Achievement

March of Dimes

Make-A-Wish Foundation

Certifications and Licenses

Board certified, Family Practice, Ariz.

American College of Physician Executives

Diplomate, American Academy of Family Practice

Education

M.D., University of Vermont, Burlington, 1970

3.2 Experience and Expertise of the Firm:

3.2.1 The Offeror's experience and past performance will be evaluated on the extent of its success in managing and integrating work relevant to that defined in the Scope of Work. Therefore, the Offeror is advised to submit any and all information which documents successful and reliable experience in past performances as related to this RFP.

Schaller Anderson has extensive capabilities to address and offer medical management consulting services as represented by Scope of Work requirements and as requested by various state agencies through the contract resulting from this procurement over its term. The following descriptions highlight Schaller Anderson's experience and expertise in successfully collaborating with participating stakeholders for services to various agencies of several states, as well as Medicaid health plan administration services across the country, including Arizona.

State Agency Experience - Arizona

Schaller Anderson and its family of companies have more than 19 years of experience in Medicaid policy-setting, consulting and health plan management activities, as well as administering health benefit programs for large groups of enrollees.

Schaller Anderson and its principals have a long history of working with Arizona state agencies. Joseph P. Anderson, Chairman and Chief Executive Officer, held various positions with state government for more than 17 years. Donald Schaller, M.D., Chairman of the Board Emeritus, served as the Director of AHCCCS from 1984 to 1986.

During Schaller Anderson's early years, from 1986 to 1990, the company served as a court-appointed receiver for a system of nursing homes and acted as a consultant to the legislature in the formation of what is now known as the Arizona Long-Term Care System (ALTCS). In addition, Schaller Anderson served as a consultant to a nationwide chain of convenience stores for its employee health benefit program.

Beginning in November 1999, Schaller Anderson contracted with Charles R. Cohen, Director of the Arizona Department of Insurance, the receiver of Premier Healthcare, Inc., to provide managed care consulting services related to the administration of the managed care business of Premier. This contract is still in effect and Schaller Anderson continues to provide assistance to the receiver for activities related to the receivership.

In 2001, Schaller Anderson was selected to provide managed care consulting services to Arizona's Comprehensive Medical and Dental Program (CMDP), a managed Medicaid health plan directed exclusively to the health needs of the state's foster care children. These consulting services include facilitating the development of a provider network and primary care provider service delivery model, providing training and educational seminars for that network and drafting the Provider Manual. SAI and its subsidiaries have also developed a comprehensive implementation plan for coordinating effective EPSDT services, drafted outreach programs, developed member newsletters and revised the Member Handbook. This contract is currently extended through August 2006.

Effective October 1, 2004, Schaller Anderson began providing medical management for 60,000 state of Arizona employees, retirees and their eligible family members. Management functions

included prior authorization, concurrent review, retrospective review, disease management and care-management services. Because of uncontrolled medical expense costs under its previous fully-insured health benefit plans, the state elected to initiate a self-funded health plan with multiple provider networks, a separate TPA and a separate PBM, but with integrated medical management programs provided through a single contractor. Schaller Anderson was selected as that single contractor. The medical management and disease management services provided by Schaller Anderson are designed to manage program costs, while maintaining appropriate and high-quality care.

In addition, approximately 29,000 state employees and their dependents receive medical care from providers contracted in the Schaller Anderson provider network. Schaller Anderson provides full contract maintenance, credentialing, and training programs for the 7,500 providers (and their office staff personnel) in this provider network.

Prior to the effective date of services, the state requested that Schaller Anderson function as the integrator among the State's many contractors to implement this new and complex health-care program within a very short period. Key to this successful implementation were (1) the strong collaborative spirit we were able to establish with the state employees responsible for the self-funded program and their counterparts at the various contractors, and (2) the detailed project-management work plan we prepared to monitor the multitude of daily activities required for start-up in less than 120 days. In this integrator function, Schaller Anderson has assisted the state of Arizona in coordinating the PBM, the TPA and other contractors to provide enrollees with a comprehensive health benefit plan.

State Agency Experience – Tennessee

Following court decisions mandating TennCare to re-engineer operations that served 1.4 million Medicaid beneficiaries, the Bureau of TennCare contracted with Schaller Anderson in 2001 to revamp and administer the medical necessity review section of its Grievance and Appeals program. Working with the state's Medicaid administrators, Schaller Anderson developed programs and processes to address core issues that had caused an increasing number of appeals. Schaller Anderson proposed corrective action and consolidated appeals tracking systems. Within one year, the volume of appeals dropped by 20,000.

Schaller Anderson also has completed a variety of special projects for TennCare. These activities required significant information systems development and implementation activities, including selection of an outside vendor, ProLaw®, to make compiled appeals data available to various TennCare operating units from an accessible centralized database. With Schaller Anderson's assistance, TennCare has been able to increase the percentage of medical necessity appeals in which the state prevails at a hearing before an administrative law judge from 40 to 67 percent.

In late 2002, TennCare expanded Schaller Anderson's responsibilities to include quality oversight and provider-service and network-management functions. Schaller Anderson has also assisted TennCare in the development and implementation of its pharmacy oversight management processes.

Medicaid Health Plan Administration Experience

SOUTHWEST CATHOLIC HEALTH NETWORK CORPORATION DBA MERCY CARE PLAN – ARIZONA

Mercy Care Plan is a Medicaid health plan that has contracted for more than 20 years with the Arizona Health Care Cost Containment System (AHCCCS) and has more than 270,000 enrollees located throughout the state. Mercy Care Plan is owned by Catholic Healthcare West and Carondelet Health Care Corporation of Arizona and delivers services to Arizonans residing in both urban and rural areas. Mercy Care Plan has an additional 6,700 enrollees through its participation in the state's Healthcare Group program for small employer groups that cannot otherwise obtain insurance coverage for their employees and eligible dependents.

Mercy Care Plan's losses were estimated to be more than $8 million when it contracted with Schaller Anderson in August 2001 to assume management of the plan. Schaller Anderson initially provided an interim CEO for Mercy Care Plan and after eight months, provided full staffing for all Plan activities including call center and member services operations, financial services, medical/care management programs, information systems, claims processing, provider contracting as well as provider credentialing following NCQA guidelines for a network of more than 4,000 providers. The medical/care management programs include intensive case management for seriously mentally ill adults with medical illnesses. Schaller Anderson also converted Mercy Care Plan's legacy information medical management system to a HIPAA compliant system.

Today, under Schaller Anderson's management expertise and programs, Mercy Care Plan can demonstrate sound fiscal solvency as well as:

- member satisfaction under a focused home-and-community-based program that exceeds 90 percent, according to a CAPHS survey
- initiation of an intensive case management program for behavioral health services for seriously mentally ill adults
- a decrease of 56 percent in the prescribing rate for Oxycontin following implementation of a program with prior authorization requirements and quantity limits

ARIZONA PHYSICIANS IPA, INC.

For 10 years, until its purchase by United Healthcare, Arizona Physicians IPA (APIPA) was successfully managed by Schaller Anderson. During the course of Schaller Anderson's management, APIPA's membership reached approximately 140,000 enrollees in 13 of Arizona's 15 counties, including both rural and urban populations. Under separate contracts with the state of Arizona, APIPA coordinated health care services for the developmentally disabled, long term care and XIX enrollees.

SAI administered full health plan management and administrative services, including medical management (utilization review, quality management, credentialing and case and disease management), pharmacy management, customer service including a 24 x 7 call center, provider relations (network credentialing and management), finance, information systems, grievance/appeal tracking and resolution, and marketing functions.

Under Schaller Anderson's expertise and programs, APIPA:

- became the first statewide health plan in Arizona to receive full NCQA accreditation
- received first-place awards from the American Association of Health Plans for innovation in promoting immunizations and from Modern Healthcare Magazine and MMI Companies, Inc. for excellence in health care risk management
- reduced bed days for long-term care dual-eligible enrollees by 32 percent through effective utilization management programs

CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) HEALTH ALLIANCE

Schaller Anderson currently administers two Medicaid and SCHIP managed-care plans under the CalOptima program in Orange County, California. The CHOC Health Alliance (CHA) is a consortium of the Children's Hospital of Orange County (CHOC) and the CHOC Physicians Network. Schaller Anderson was responsible for designing and implementing all CHA health plan operations, and today provides full staffing for those operations, including medical and care management, provider credentialing and contracting, member services, and grievance and appeals management. With over 70,000 enrollees, CHA is the largest of the eight plans currently serving Medicaid enrollees in Orange County.

Until recently, CalOptima permitted plan enrollees to change their Medicaid health plan each month. During this time, Schaller Anderson's operation of the plan resulted in an annualized member retention rate of 97.5 percent.

DELAWARE PHYSICIANS CARE

In May 2004 the Delaware Department of Health and Social Services (DHSS) faced a potential crisis when national insurance companies opted not to renew their contracts to manage Medicaid benefits for Delaware residents. The DHSS then contracted solely with Schaller Anderson's newly created Delaware Physicians Care, Incorporated, to assume the administration of Medicaid benefits statewide. With only eight weeks to fully implement the program, Schaller Anderson began taking member and provider calls in mid-June and transferred 94,000 members to the new plan; DPCI began operations on July 1, 2004. Membership in this program includes both Title XIX Medicaid and SCHIP beneficiaries and involves the delivery of both physical and behavioral health services as an integrated program.

With Schaller Anderson's expertise and programs, Delaware Physicians Care can demonstrate that it has:

- adapted its per diem-based concurrent review program to a discharge-based concurrent review program that has been successful in managing high-cost outlier cases
- built a statewide provider network and processing contracts and initial credential applications that follow NCQA guidelines
- introduced a Behavioral Health Clinical Advisory Committee which, for the first time in Delaware, has engaged a multi-disciplinary group of the state's clinical leadership in a collaborative effort to improve behavioral health outcomes and costs

HEARTLAND HEALTH PLAN OF OKLAHOMA

In 1995, Schaller Anderson established and began to manage Heartland Health Plan of Oklahoma, the University of Oklahoma's Medicaid/SCHIP health plan. Schaller Anderson provided full staffing and management of all day-to-day operations, including functions such as marketing, member service, provider relations, grievance and appeals, medical and care management, and finance and information systems. When the state of Oklahoma discontinued its managed Medicaid program in December 2003, the University was forced to close Heartland Health Plan. Schaller Anderson facilitated the transition of the Plan's 105,000 members to the state's Primary Care Case Management program and provided the state with an analysis of the medical conditions of those members being treated within the Heartland provider network at the time of transition to minimize any disruption in treatment plans.

Under Schaller Anderson's management, the Heartland Health Plan demonstrated:

- that it was consistently the largest plan in the state and ranked first in performance on HEDIS measures collected and reported by the state
- that medical care claims for Special Population/Aged, Blind and Disabled (SPADB) members during their first year under managed care were 15 percent less expensive than fee-for-service claims in the previous year. Those savings were achieved even though the claims under managed care programs were for a later point in time and encompassed a more comprehensive benefit package. Oklahoma's SPABD population was defined as the top 10 percent of ABD service utilizers (i.e., those individuals with the highest medical costs). See the complete report at Appendix A.

MARYLAND PHYSICIANS CARE MCO

Schaller Anderson of Maryland, L.L.C. (SAMD) was contracted in 1996 to establish and manage a Medicaid plan, Maryland Care, Inc. dba Maryland Physicians Care MCO (MPC) under the state's managed Medicaid program, HealthChoices.

Four Maryland hospital systems own MPC:

- Maryland General Health Systems, Inc., which owns and operates Maryland General Hospital, and is affiliated with the University of Maryland Medical System
- St. Agnes HealthCare
- Washington County Hospital Association, Inc.
- Western Maryland Health Systems, Inc.

MPC has over 90,000 enrollees, including Medicaid/SCHIP members in Baltimore City and 22 rural and urban counties statewide.

With Schaller Anderson's management expertise and programs, Maryland Physicians Care can demonstrate:

- the successful addition of 34,000 new members into MPC in only 36 days following another plan's unexpected exit from Maryland's Medicaid program

- in 2002, MPC was recognized by two quality organizations (NCQA and the Delmarva Foundation) for its best practices to improve well-child services for Medicaid recipients. MPC's HEDIS results for childhood immunizations, well child services and access to primary care services exceeded national and state benchmark scores
- a 14 percent decrease in PMPM medical expense costs in the first year for a new population enrolled in the health plan

MISSOURI CARE HEALTH PLAN

Schaller Anderson was selected in 1997 by The Curators of The University of Missouri to implement and manage a Medicaid/ SCHIP managed health-care plan known as Missouri Care. Care management programs for physical and behavioral health services are integrated for the plan's 35,000 enrollees in 18 central Missouri counties. Schaller Anderson staff provide all plan services including medical management (utilization review, quality management, credentialing and case and disease management) pharmacy management, customer service including a call center, provider relations (network credentialing, contracting and management), finance, information systems, grievance/ appeal tracking and resolution, and marketing functions.

Under Schaller Anderson's management expertise and programs, Missouri Care:

- has been recognized by NCQA for its best practices to improve well-child services for Medicaid beneficiaries. Missouri Care's HEDIS results for well-child services exceeded nation and state benchmark scores
- implemented, in collaboration with the University of Missouri, programs that reduced emergency room costs by $1.49 PMPM and increased the use of inhaled steroids by members with asthma by 31 percent
- achieved high ratings in member satisfaction; an annual survey based on the Consumer Assessment of Health Plans Study (CAHPS) found 98 percent of members were satisfied with their overall health care and 98 percent were satisfied with Missouri Care
- achieved a 30 percent reduction in the costs of antidepressants and anti-psychotics through a program interfacing with the PBM which collected and analyzed pharmacy claims data and implemented initiatives to improve outcomes and cost-effectiveness

3.2.2 The Offeror should submit, at a minimum, three (3) professional services references which would demonstrate the Offeror possesses an understanding and the experience in providing the services as identified in the Scope of Work. As these references may be checked, insure all information is current, accurate and prior permission to use is obtained from each reference. This information may be shown as on the form attached as Exhibit A to this RFP or in a similar manner. "Confidential Clients" are not acceptable. The State reserves the right to contact as many references as deemed necessary as part of the evaluation process.

Reference 1: Missouri Care, L.C.

Name, address and telephone number of Contracting Agency or Company;

The Curators of the University of Missouri
2404 Forum Boulevard
Columbia, MO 65203
573-884-6622

Contact Person who may be contacted for verification of all information submitted;

Jeri Doty, Chairperson, Operating Board, Missouri Care

Location of Services;

18 counties in central Missouri

Name of all key personnel and sub-contractors used;

Donna Checkett, CEO
Susan Christy, Executive Director
Jan Swaney, M.D., CMO
Schaller Anderson of Missouri, L.L.C.
Express Scripts, Inc.

Start and completion date of work performed, and

1998 to present

Detailed written narrative of the specific services performed.

On behalf of the approximately 33,000 Medicaid and SCHIP members of Missouri Care (MC), Schaller Anderson of Missouri, L.L.C. (SAM), a wholly owned subsidiary of Schaller Anderson, Incorporated, provides full turnkey health-plan management and administrative services, including medical management (utilization review, quality management, credentialing and case and disease management), pharmacy management, customer service, provider relations, finance, information systems, grievance/appeal tracking and resolution, and marketing functions. SAM is responsible for designing, coordinating and implementing all aspects of MC health plan operations.

Reference 2: Mercy Care Plan

Name, address and telephone number of Contracting Agency or Company;

Southwest Catholic Health Network Corporation
400 E. Monroe Street
Phoenix, AZ 85004
602-257-0030

Contact Person who may be contacted for verification of all information submitted;

Monsignor Edward Ryle, Chairman, Board of Directors, Southwest Catholic Health Network

Location of Services;

8 counties in the state of Arizona

Name of all key personnel and sub-contractors used;

Stan Aronovitch, CEO
Creighton Donovan, CFO
Martin Block, M.D., CMO
Schaller Anderson of Arizona, L.L.C.
Express Scripts, Inc.

Start and completion date of work performed, and

2002 to present

Detailed written narrative of the specific services performed.

On behalf of over 270,000 Medicaid, aged, blind, and disabled, Arizona Long Term Care System, and SCHIP members of Mercy Care Plan (MCP), Schaller Anderson of Arizona, L.L.C. (SAA), a wholly owned subsidiary of Schaller Anderson, Incorporated, provides full turnkey plan management and administrative services, including medical management (utilization review, quality management, credentialing and case and disease management), pharmacy management, member services, provider services (network development and management), financial services, information systems, claims payment, grievance/ appeal tracking and resolution, and marketing functions. SAA is responsible for designing, coordinating and implementing all aspects of MCP health-plan operations.

Reference 3: Maryland Physicians Care

Name, address and telephone number of Contracting Agency or Company;

Maryland Care, Inc.
251 E. Antietam Street
Hagerstown, MD 21740
(301) 790-8102

Contact Person who may be contacted for verification of all information submitted;

Ray Grahe, Chairman, Board of Directors, Maryland Physicians Care

Location of Services;

State of Maryland

Name of all key personnel and sub-contractors used;

Cyndy Demarest, CEO
Jerome Gotthainer, CFO

Gregory Branch, M.D., Medical Director
Schaller Anderson of Maryland, L.L.C.
Express Scripts, Inc.

Start and completion date of work performed, and

1996 to present

Detailed written narrative of the specific services performed.

Schaller Anderson of Maryland, L.L.C., an affiliate of Schaller Anderson, Incorporated was contracted in 1996 to establish and manage a Medicaid plan, Maryland Care, Inc., dba Maryland Physicians Care MCO under the state's managed Medicaid program. Schaller Anderson provides full turnkey management and administrative services to the plan. MPC is owned by four Maryland hospital systems: Maryland General Health Systems, Inc., which owns and operates Maryland General Hospital and is affiliated with the University of Maryland Medical System; St. Agnes HealthCare; Washington County Hospital Association, Inc.; and Western Maryland Health Systems, Inc. MPC has more than 90,00 enrollees, including Medicaid and SCHIP members in Baltimore City and 22 urban and rural counties across the state. The plan has been recognized by two quality organizations (NCQA and the Delmarva Foundation) for its best practices to improve well-child services for Medicaid recipients, and its HEDIS results for childhood immunizations, well-child services and access to primary care exceed national and state benchmarks.

3.3 Cost: The evaluation of the category of Cost shall be based on the proposed rates.

1. First year of the contract:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Physician	**$275**
R.N.	**$110**
Dentist	**$165**
Pharmacist	**$165**
Psychologist	**$165**
Audiologist	
Other (Specify): Clerical support staff	**$50**
Program Consultation	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Physician	**$275**
R.N.	**$110**
Dentist	**$165**
Pharmacist	**$165**
Psychologist	**$165**
Audiologist	
Other (Specify): Clerical support staff	**$50**
Case File Review	
Project Manager	**NA**
Principal/Partner	**NA**
Senior Consultant	**NA**
Staff Consultant	**NA**
Physician	**NA**
R.N.	**NA**
Dentist	**NA**
Pharmacist	**NA**
Psychologist	**NA**
Audiologist	**NA**

Other (Specify)	**NA**
Statistician	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Other (Specify): Clerical support staff	**$50**
Management Consultant – Healthcare Practice Emphasis	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Physician	**$275**
R.N.	**$110**
Dentist	**$165**
Pharmacist	**$165**
Psychologist	**$165**
Audiologist	
Other (Specify): Clerical support staff	**$50**
Management Consultant – Strategic Planning Emphasis	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Other (Specify): Clerical support staff	**$50**
Management Consultant – Medical Management Emphasis	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Physician	**$275**
R.N.	**$110**
Dentist	**$165**
Pharmacist	**$165**
Psychologist	**$165**
Audiologist	

Other (Specify): Clerical support staff	**$50**
Management Consultant – Healthcare Research Emphasis	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Other (Specify): Clerical support staff	**$50**
Management Consultant – Psychiatric Management Emphasis	
Project Manager	**$110**
Principal/Partner	**$385**
Senior Consultant	**$275**
Staff Consultant	**$110**
Psychiatrist	**$165**
R.N.	**$110**
Pharmacist	**$165**
Other (Specify): Clerical support staff	**$50**

2. Optional First Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Physician	**$280**
R.N.	**$115**
Dentist	**$170**
Pharmacist	**$170**
Psychologist	**$170**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Program Consultation	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Physician	**$280**
R.N.	**$115**
Dentist	**$170**
Pharmacist	**$170**
Psychologist	**$170**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Case File Review	
Project Manager	**NA**
Principal/Partner	**NA**
Senior Consultant	**NA**
Staff Consultant	**NA**
Physician	**NA**
R.N.	**NA**
Dentist	**NA**
Pharmacist	**NA**
Psychologist	**NA**
Audiologist	**NA**
Other (Specify)	**NA**

Statistician	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Healthcare Practice Emphasis	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Physician	**$280**
R.N.	**$115**
Dentist	**$170**
Pharmacist	**$170**
Psychologist	**$170**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Management Consultant – Strategic Planning Emphasis	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Medical Management Emphasis	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Physician	**$280**
R.N.	**$115**
Dentist	**$170**
Pharmacist	**$170**
Psychologist	**$170**
Audiologist	
Other (Specify): Clerical support staff	**$55**

Management Consultant – Healthcare Research Emphasis	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Psychiatric Management Emphasis	
Project Manager	**$115**
Principal/Partner	**$395**
Senior Consultant	**$280**
Staff Consultant	**$115**
Psychiatrist	**$170**
R.N.	**$115**
Pharmacist	**$170**
Other (Specify): Clerical support staff	**$55**

3. Optional Second Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Physician	**$285**
R.N.	**$120**
Dentist	**$175**
Pharmacist	**$175**
Psychologist	**$175**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Program Consultation	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Physician	**$285**
R.N.	**$120**
Dentist	**$175**
Pharmacist	**$175**
Psychologist	**$175**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Case File Review	
Project Manager	**NA**
Principal/Partner	**NA**
Senior Consultant	**NA**
Staff Consultant	**NA**
Physician	**NA**
R.N.	**NA**
Dentist	**NA**
Pharmacist	**NA**
Psychologist	**NA**
Audiologist	**NA**
Other (Specify)	**NA**

Statistician	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Healthcare Practice Emphasis	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Physician	**$285**
R.N.	**$120**
Dentist	**$175**
Pharmacist	**$175**
Psychologist	**$175**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Management Consultant – Strategic Planning Emphasis	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Medical Management Emphasis	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Physician	**$285**
R.N.	**$120**
Dentist	**$175**
Pharmacist	**$175**
Psychologist	**$175**
Audiologist	
Other (Specify): Clerical support staff	**$55**

Management Consultant – Healthcare Research Emphasis	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Psychiatric Management Emphasis	
Project Manager	**$120**
Principal/Partner	**$405**
Senior Consultant	**$285**
Staff Consultant	**$120**
Psychiatrist	**$175**
R.N.	**$120**
Pharmacist	**$175**
Other (Specify): Clerical support staff	**$55**

4. Optional Third Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Physician	**$290**
R.N.	**$125**
Dentist	**$180**
Pharmacist	**$180**
Psychologist	**$180**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Program Consultation	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Physician	**$290**
R.N.	**$125**
Dentist	**$180**
Pharmacist	**$180**
Psychologist	**$180**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Case File Review	
Project Manager	**NA**
Principal/Partner	**NA**
Senior Consultant	**NA**
Staff Consultant	**NA**
Physician	**NA**
R.N.	**NA**
Dentist	**NA**
Pharmacist	**NA**
Psychologist	**NA**
Audiologist	**NA**
Other (Specify): Clerical support staff	**NA**

Statistician	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Healthcare Practice Emphasis	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Physician	**$290**
R.N.	**$125**
Dentist	**$180**
Pharmacist	**$180**
Psychologist	**$180**
Audiologist	
Other (Specify): Clerical support staff	**$55**
Management Consultant – Strategic Planning Emphasis	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Medical Management Emphasis	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Physician	**$290**
R.N.	**$125**
Dentist	**$180**
Pharmacist	**$180**
Psychologist	**$180**
Audiologist	
Other (Specify): Clerical support staff	**$55**

Management Consultant – Healthcare Research Emphasis	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Other (Specify): Clerical support staff	**$55**
Management Consultant – Psychiatric Management Emphasis	
Project Manager	**$125**
Principal/Partner	**$415**
Senior Consultant	**$290**
Staff Consultant	**$125**
Psychiatrist	**$180**
R.N.	**$125**
Pharmacist	**$180**
Other (Specify): Clerical support staff	**$55**

5. Optional Fourth Year Contract Renewal:

Consultant Category	Proposed Rate Per Hour
Program Review & Evaluation	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Physician	**$300**
R.N.	**$130**
Dentist	**$185**
Pharmacist	**$185**
Psychologist	**$185**
Audiologist	
Other (Specify): Clerical support staff	**$60**
Program Consultation	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Physician	**$300**
R.N.	**$130**
Dentist	**$185**
Pharmacist	**$185**
Psychologist	**$185**
Audiologist	
Other (Specify): Clerical support staff	**$60**
Case File Review	
Project Manager	**NA**
Principal/Partner	**NA**
Senior Consultant	**NA**
Staff Consultant	**NA**
Physician	**NA**
R.N.	**NA**
Dentist	**NA**
Pharmacist	**NA**
Psychologist	**NA**
Audiologist	**NA**
Other (Specify)	**NA**

Statistician	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Other (Specify): Clerical support staff	**$60**
Management Consultant – Healthcare Practice Emphasis	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Physician	**$300**
R.N.	**$130**
Dentist	**$185**
Pharmacist	**$185**
Psychologist	**$185**
Audiologist	
Other (Specify): Clerical support staff	**$60**
Management Consultant – Strategic Planning Emphasis	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Other (Specify): Clerical support staff	**$60**
Management Consultant – Medical Management Emphasis	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Physician	**$300**
R.N.	**$130**
Dentist	**$185**
Pharmacist	**$185**
Psychologist	**$185**
Audiologist	
Other (Specify): Clerical support staff	**$60**

Management Consultant – Healthcare Research Emphasis	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Other (Specify): Clerical support staff	**$60**
Management Consultant – Psychiatric Management Emphasis	
Project Manager	**$130**
Principal/Partner	**$425**
Senior Consultant	**$300**
Staff Consultant	**$130**
Psychiatrist	**$185**
R.N.	**$130**
Pharmacist	**$185**
Other (Specify): Clerical support staff	**$60**

3.4 Additional Information: The Offeror may submit any other pertinent information which would substantiate the Offeror has the experience, expertise and capability to provide the required services.

Please see a case study of Schaller Anderson's medical management capabilities and successes as described in the Centers for Health Care Strategies report included in Appendix A.

4. Intent to Provide Certificate of Insurance: The Offeror should provide a statement that, if notified of contract award, will submit to the State for review and acceptance, the applicable certificate/s of insurance as required within this RFP document, within five (5) business days of such notification.

Schaller Anderson agrees to supply the applicable certificates in accordance with the requirements of this section.

Appendix A. Oklahoma ABD Study

CHCS

Center for
Health Care Strategies, Inc.

Managed Care Best Practices Series

WORKING PAPER

Serving the Special Program/Aged, Blind, and Disabled Population through Managed Care

By Schaller Anderson, Inc.

Funded by the Center for Health Care Strategies, Inc. under The Robert Wood Johnson Foundation's Medicaid Managed Care Program.

April 2002

MBCP224-402

Table of Contents

Please contact Jennifer Goodman of Schaller Anderson, Incorporated at 602-659-2096 if you have any questions regarding this Working Paper.

Executive Summary

Key Findings

- Enrollment of the individuals in this study group into a managed care organization (MCO) accounted for claims savings of approximately 15 percent over what was spent caring for them in the traditional Medicaid fee-for-service (FFS) program during the 12 months prior to their enrollment. After adjusting for the MCO's administrative expenses, enrollment of the individuals in this study group into an MCO saved four percent over what was spent caring for them in FFS while providing a more comprehensive service package. Savings of four percent, however, were calculated using conservative assumptions that did not inflate the FFS data to the same time period as the managed care data evaluated. When the 10 individuals with the highest medical claims costs are removed from the study's calculations, the savings under managed care increase to 31 percent.
- According to community advocates participating in a study focus group, access to care and continuity of care were greatly improved in the managed care environment from the FFS environment.
- Member survey results show overall satisfaction with managed care services to be high for both adults and juveniles. Eighty percent of the respondents rated their overall satisfaction as either "very good" or "good" in the managed care environment.
- Provider survey results show a high level of satisfaction with timeliness and an average amount of satisfaction with the level of payment provided by the MCO.

Study Background

In an effort to assess managed care programs in serving special needs populations, Schaller Anderson, Incorporated (SAI) applied for a grant from the Center for Health Care Strategies (CHCS). Under the grant, SAI, the Oklahoma Health Care Authority (OHCA), and the Heartland Health Plan of Oklahoma (HHPO) collaborated to provide and assess data related to "Special Programs/Aged, Blind and Disabled" (SP/ABD) individuals both before and after their enrollment into HHPO.

In July 1999, OHCA began to enroll the Aged, Blind and Disabled (ABD) population into managed care. By October 1999, all ABD members had been enrolled into managed care organizations under the state's mandated-enrollment Medicaid program known as SoonerCare. One of those MCOs was HHPO, which is owned by the Board of Regents of the University of Oklahoma and currently serves more than 110,000 Medicaid-only members in Oklahoma City and Tulsa.

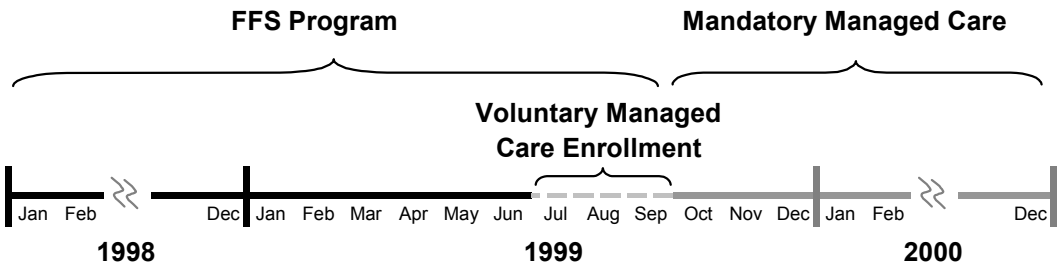
There were approximately 14,000 ABD individuals in OHCA's urban managed care service area in July 1999. OHCA designated the top 10 percent of ABD service utilizers (those with the highest medical costs) of Medicaid services as SP/ABD. While 10 percent of this group equaled 1,400 members, due to member attrition, only 940

individuals were still in the group at October 1, 1999, when enrollment into a Medicaid MCO became mandatory.

Of these 940 individuals, 583 selected HHPO for their MCO under the SoonerCare program. OHCA and HHPO collected Outreach Enrollment Profiles for each of these individuals just prior to their enrollment in HHPO and made the Enrollment Profiles and the FFS claims history for these individuals available to SAI for analysis under this study under the CHCS grant.

Chart 1 depicts the timeline for Oklahoma Medicaid enrollment and the medical claims data analyzed as part of this study.

Chart 1
SP/ABD Study Timeline



Many of the analyses done for this study included medical claims costs[1] using data from 12 months pre- and 12 months post-enrollment into managed care for each member. For example, if a person enrolled in July 1999, then the FFS claims data would be from July 1, 1998 through June 30, 1999. This individual's managed care data would then be from July 1, 1999 through June 30, 2000.

Ultimately, SAI analyzed the data for 538 of the 583 individuals who enrolled in HHPO since Enrollment Profiles and corresponding claims data were only available for this smaller number of individuals because of attrition within the group. While the analysis included only 538 SP/ABD members, the credibility of the data was greatly enhanced by their chronic diseases that require a large number of health care resources. The number and dollar amount of claims generated by these SP/ABD members was approximately equivalent to what would be generated by 5,000 average TANF members under Medicaid.

As part of its study, SAI:

- Performed detailed analyses of medical claims costs under both the Oklahoma Medicaid FFS and managed care programs.

[1] Medical claims costs are expenses paid for dates of service within the indicated time periods and include inpatient, outpatient, physician, pharmacy, dental, behavioral health, transportation, and ancillary services unless specifically stated otherwise.

- Conducted a focus group with representatives from community groups that serve as advocates for the SP/ABD population being analyzed.
- Conducted a member survey and correlated it to a previously completed Enrollment Profile.
- Conducted a provider survey.

Results of this study confirm that with appropriate levels of care and management, SP/ABD populations can be effectively, efficiently. and economically served in a managed care environment.

Study Findings

Cost Savings and Cost Effectiveness

Enrollment of the 538 SP/ABD individuals in the study group into HHPO accounted for claims savings of approximately 15 percent over what was spent caring for them in the traditional Medicaid FFS program during the 12 months prior to their HHPO enrollment. When the 10 individuals with the highest medical claims costs are removed from the study's calculations, the savings under managed care increase to 31 percent.

In an effort to provide an accurate accounting of medical claims costs, SAI segmented the study data because of the vast cost difference between the 10 individuals with the highest medical claims costs and all other individuals in the SP/ABD study group. The 10 most costly individuals represented less than two percent of the total number of individuals in the study group; however, they composed approximately 25 percent of all the FFS medical claims costs for the study group. While the majority of the individuals in the SP/ABD study group had lower medical claim costs under managed care, the total medical claims costs for the 10 most costly individuals in the study group were actually higher under managed care than was seen under the FFS program. This is due to the complex medical needs of these 10 particular individuals and the fact that payment for their care in the managed care environment was not restricted to certain established limits (e.g., payment for only two physician visits per month) as it had been under the state's FFS program.

The overall savings for medical claims costs per member per month (PMPM) for these SP/ABD individuals under managed care rather than FFS are shown in Table 1. These savings were realized even though the paid benefits available in managed care were more comprehensive than under the FFS program.

TABLE 1
TOTAL AVERAGE MANAGED CARE CLAIMS COST SAVINGS FOR SP/ABD STUDY GROUP

	Average PMPM Claims Cost		
	For All Enrollees in Group	For 10 Costliest Enrollees of Group	For Group with 10 Costliest Enrollees Excluded
FFS Claims	$1,369	$19,942	$1,017
Managed Care Claims	$1,169	$24,545	$702
Claim Savings	**15%**	**-23%**	**31%**

It is important to note that the assumptions used to derive these savings estimates were intentionally conservative. For example, the FFS claims were not adjusted for inflation. For a direct, more accurate comparison, managed care costs could be compared with what FFS claims would have been if the program had remained FFS. In an effort to remain conservative, this was not done, even though it is reasonable to assume that inflation would have increased medical claims costs during the time that elapsed between the FFS program and the managed care program. Therefore, the analysis implies that managed care claims were 15 percent less expensive than FFS even though the managed care claims were for a later point in time and with a more comprehensive benefit package.

In addition to the claims savings, the overall cost effectiveness was calculated for the 538 SP/ABD individuals. Cost effectiveness was measured by the cumulative effect of the claims savings in conjunction with the additional administrative expenses necessary under managed care to achieve improved savings, quality, and access to care. OHCA recognized that this fragile SP/ABD population would require intensive management and prior to their transition into managed care, OCHA required the MCOs to provide one case management contact per month. HHPO ensured this contact through assignment of each SP/ABD member to an Exceptional Needs Coordinator (ENC).[2] The costs for these ENCs as well as certain other administrative expenses related to HHPO's programs for quality management, case management, disease management, prevention and wellness, and prior authorization were recognized in this adjustment to the study data.

These additional administrative expenses calculated specific to the SP/ABD study group were $145 PMPM. This equates to 12.4 percent of the total managed care medical claims costs. After adding this $145 PMPM to the managed care claims costs, the cost

[2] ENCs include Registered Nurses and Licensed Social Workers who have specialized case management experience.

effectiveness for HHPO's SP/ABD study group is shown in Table 2. Note that even though OHCA also incurred administrative expenses to serve the SP/ABD population while in FFS, this expense was not added to the FFS claims costs. Instead, only the administrative expenses incurred by HHPO were added to the managed care costs for this calculation.

TABLE 2
TOTAL MANAGED CARE COST EFFECTIVENESS
FOR SP/ABD STUDY GROUP INCLUDING ADJUSTMENT FOR MANAGED CARE ADMINISTRATIVE EXPENSES

	Average PMPM Cost		
	For All Enrollees in Group	For 10 Costliest Enrollees of Group	For Group with 10 Costliest Enrollees Excluded
FFS Claims	$1,369	$19,942	$1,017
Managed Care Claims plus Administrative Expenses	$1,314	$24,690	$847
Cost Effectiveness (Net Cost Savings)	**4%**	**-24%**	**17%**

The effect of the 10 costliest enrollees on the overall cost effectiveness is also seen in Table 2. However, the overall cost effectiveness of managed care is still positive even with the conservative assumptions used by SAI. If a moderate trend assumption to account for influences such as inflation had been accounted for, the overall cost effectiveness would have improved by an additional five to 10 percent.

Access to Care, Continuity of Care, and Member and Provider Satisfaction

Advocacy groups play a vital role in accessing and linking SP/ABD members with necessary services and coordinating their complex health care needs across the health care system. To receive input from these advocates, SAI contracted with Waddell Pointer & Associates, an Oklahoma marketing and public relations firm, to conduct an advocate focus group.

Results from the focus group show that access to care and continuity of care were greatly improved in HHPO's managed care environment from what had been seen under the FFS programs. Prior to enrollment in HHPO, SP/ABD advocates explained how "creativity" was required in order to access FFS services. While they encountered many caring providers knowledgeable in serving this population prior to enrolling in HHPO, they often had to pursue alternative avenues to obtain necessary services for members. Under FFS programs, advocates stated that SP/ABD individuals waited longer for appointments, traveled further, and sought care from any provider rather than from specialists. After enrollment in HHPO, advocates expressed relief that HHPO provided

access to the full spectrum of services and sought to ensure access and continuity of care through its enhanced provider network development efforts.

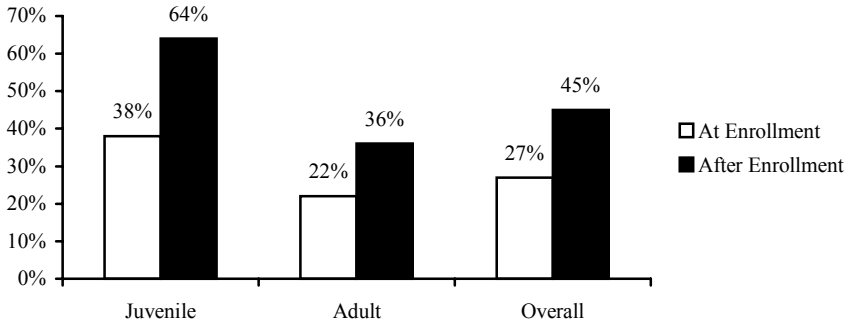
While providing this positive feedback, the focus group also highlighted areas in need of improvement, including additional education for providers and their office personnel, lack of sufficient dental providers, and payment rate issues.

In addition to the focus group session, SAI contracted with Health Services Advisory Group, Inc. (HSAG) to conduct a survey of the SP/ABD population enrolled in HHPO. The HSAG survey also showed that SP/ABD members have better access to care, are more satisfied with their care, and view themselves to be in better health than prior to their enrollment in HHPO.

Eighty-five percent of adults and 83 percent of juveniles (those under age 21) completing the survey found the HHPO customer services department to be helpful and 83 percent of both adults and juveniles felt they were receiving needed care. Of the 194 members responding to the study survey, only 27 percent described their health status as being "good" or "excellent" in a survey that was completed by OHCA prior to their enrollment into HHPO. Conversely, 45 percent of members declared their health status to be "good" or "very good" in the study survey completed after their enrollment into HHPO.

TABLE 3
TRENDS IN REPORTED HEALTH STATUS

How would you describe your health status?
Responses: Good, Very Good, or Excellent



HHPO's ability to build partnerships with providers is vital to serving special needs members. In many instances, contracting with primary care providers to function as the medical home for SP/ABD members would not be as efficient as contracting with specialists. In an effort to capture information from the providers who specifically serve these SP/ABD members, SAI also conducted a provider survey as part of the grant study.

Providers were asked whether the overall services provided to their members were better in managed care than under FFS. Survey questions also addressed services specifically for SP/ABD members, including behavioral health, home health, case management, and pharmacy. Results from the provider survey showed that the managed care environment provided enhanced overall provider satisfaction with services, increased ability to obtain member information, quality case management services, and more easily obtained prior authorization.

Conclusion

Results of this study confirm that with appropriate levels of care and management, SP/ABD populations can be effectively, efficiently, and economically served in a managed care environment. Results from the study show that access to care and continuity of care were improved in HHPO's managed care environment from what had been seen under the FFS program. Members felt their health status had improved since enrollment into HHPO and provider satisfaction also showed improvement. Enrollment of the 538 SP/ABD individuals in the study group into HHPO accounted for savings of approximately 15 percent over what was spent caring for them in the traditional Medicaid FFS program during the 12 months prior to their HHPO enrollment. When the 10 individuals with the highest medical claims costs are removed from the study's calculations, the savings under managed care increase to 31 percent.

Introduction and Background

In an effort to assess how managed care programs serve the special needs populations, Schaller Anderson, Incorporated applied for a grant from the Center for Health Care Strategies. Under the grant, SAI, the Oklahoma Health Care Authority, and the Heartland Health Plan collaborated to provide and assess data related to "Special Programs/Aged Blind and Disabled" individuals both before and after their enrollment into HHPO.

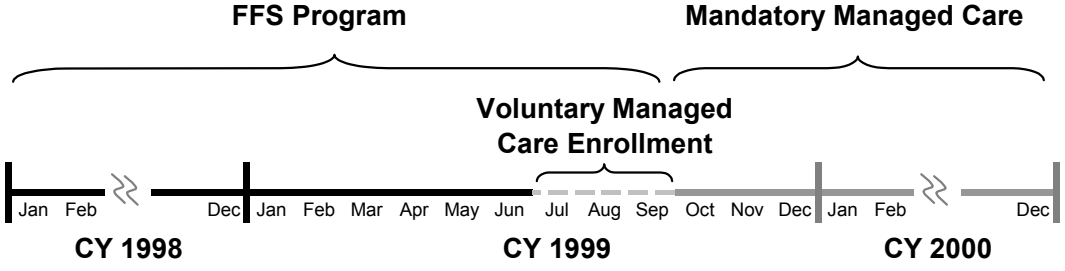
In July 1999, OHCA began to enroll the Aged, Blind and Disabled population into managed care. By October 1999, all ABD members had been enrolled into managed care organizations under the state's mandated-enrollment Medicaid program known as SoonerCare. One of those MCOs was HHPO, which is owned by the Board of Regents of the University of Oklahoma and currently serves more than 110,000 Medicaid-only members in Oklahoma City and Tulsa.

There were approximately 14,000 ABD individuals in OCHA's urban managed care service area in July 1999. OHCA designated the top 10 percent of ABD service utilizers (those with the highest medical costs) of Medicaid services as SP/ABD. While 10 percent of this group would be 1,400 members, due to member attrition, only 940 individuals were still in the group at October 1, 1999, when enrollment into a Medicaid MCO became mandatory.

Of these 940 individuals, 583 selected HHPO for their MCO under the SoonerCare program. OHCA and HHPO had collected Outreach Enrollment Profiles for each of these individuals just prior to their enrollment in HHPO and made the Enrollment Profiles and the FFS claims history for these individuals available to SAI for analysis under this study.

Chart 1 depicts the timeline for Oklahoma Medicaid enrollment and the medical claims data analyzed as part of this study.

Chart 1
SP/ABD Study Timeline



Many of the analyses done for this study included medical claims costs[3] using data from 12 months pre- and 12 months post-enrollment into managed care. In these analyses, the time period of data chosen was specific to each member depending on when the member enrolled into managed care. The FFS data was from the 12 months prior to managed care enrollment and the managed care data was from the 12 months subsequent to managed care enrollment.

For example, if a person voluntarily enrolled in July 1999, then the FFS claims data would be from July 1, 1998 through June 30, 1999. This individual's managed care data would then be from July 1, 1999 through June 30, 2000.

Ultimately, SAI analyzed the data for only 538 of the 583 individuals who enrolled in HHPO, since Enrollment Profiles and corresponding claims data for both the pre-and-post enrollment periods were only available for this smaller number of individuals because of attrition within the group. While the analysis included only 538 SP/ABD members, the credibility of the data was greatly enhanced by their chronic diseases that require a large number of health care resources. The number and dollar amount of claims generated by these SP/ABD members was approximately equivalent to what would be generated by 5,000 average TANF members under Medicaid.

The principal objectives of this study included:

- Analysis of the Enrollment Profiles received from the state on 538 SP/ABD individuals prior to or upon their enrollment into HHPO. (An example of an Enrollment Profile is provided in Appendix A).
- Detailed cost analyses of the medical claims costs for the study population pre-and post-enrollment into managed care (For a list of data sources, see Appendix D).
- Assessment of the clinical, environmental, and social needs of this population.
- Assessment of members' opinions on the access to, level of, and continuity of care provided in the managed care environment.
- Determination of whether managed care met or exceeded the needs of the members and fostered better management of the medical needs of the SP/ABD enrollees.

Under the Medicaid FFS program, OHCA had placed payment limitations on the benefits available to the adult Medicaid population.[4] The benefits received under managed care were more comprehensive than the FFS program since the following FFS payment limitations were not applicable under enrollment in one of the Medicaid MCOs:

[3] Medical claims costs are expenses paid for dates of service within the indicated time periods and include inpatient, outpatient, physician, pharmacy, dental, behavioral health, transportation, and ancillary services unless specifically state otherwise.

[4] Because of the federal EPSDT requirements, no benefit or payment limitations were placed on juveniles under age 21 in the FFS program.

- Inpatient hospital services limited to payment for 12 days per member per state fiscal year (except for members in institutions for mental diseases).
- Skilled nursing facility services limited to payment for 12 days per individual per year
- Payment for physician services limited to two visits per month.
- Payment for home health visits limited to 12 visits per year (for any combination of home health or home health aide visits).
- Payment for prescribed drugs limited to three prescriptions or refills per month.

Preliminary analysis of the medical claims data for the 538 SP/ABD individuals showed a great deal of "pent-up" demand for services. For example, there were individuals with extreme diabetes and multiple sclerosis who, upon initial visits to HHPO providers, were hospitalized immediately. Also, analysis of the Enrollment Profiles shows that the least healthy individuals were the first to enroll in HHPO.

Each of the SP/ABD individuals (or their parents or guardians) included in the study completed an Enrollment Profile prior to or upon joining HHPO. Tabulated results of the Enrollment Profiles for the study group are shown in Table 1.

TABLE 1
MEMBERS' SELF-ASSESSED HEALTH CONDITION
(Prior to or Upon Enrollment into HHPO)

	Excellent	Good	Fair	Poor	No Comment
Total	1%	22%	33%	21%	23%

SP/ABD individuals began enrolling into HHPO in July 1999. However, enrollment into managed care by the SP/ABD population did not become mandatory until October 1999. Fifty-four percent of the study population voluntarily enrolled into HHPO before October 1999. Of the people who voluntarily enrolled during the "Choice" period (July through September 1999), Table 2 shows their perceived health condition:

TABLE 2
MEMBERS' SELF-ASSESSED HEALTH CONDITION
(Categorized by Period of Enrollment)

	Poor Health	Category Other Than Poor Health
Voluntarily enrolled in "Choice" Period	75%	54%
Enrolled in "Mandatory" Period	25%	46%
Total	100%	100%

As shown, the majority of the SP/ABD individuals who felt they were in "Poor Health" voluntarily enrolled into HHPO during the "Choice" period (July through September

1999). The cost differences for the SP/ABD individuals who enrolled in the voluntary "Choice" period are significantly higher and confirm that the least healthy individuals were the first to enroll in managed care (HHPO).

Table 3 shows what the average per member per month claims costs were for those SP/ABD individuals who enrolled during each period of enrollment. The FFS costs are taken from the 12-month period preceding enrollment, while the managed care costs are from the 12 months subsequent to enrollment in HHPO.

TABLE 3
AVERAGE CLAIM COSTS
(Categorized by Period of Enrollment)

	Average PMPM Claims Cost		
	"Choice" Enrollment Period	"Mandatory" Enrollment Period	Percent Difference
FFS Claims	$ 1,611	$ 1,077	50%
Managed Care Claims Costs	$ 1,394	$ 862	62%

Costs for the SP/ABD Population

SP/ABD members are the subset of ABD members who constitute the top 10 percent of utilizers of Medicaid services as determined by OHCA. The individuals in the study group are those 538 SP/ABD members who were enrolled in HHPO long enough to generate significant claims experience.

Medical experience generated from FFS and managed care was initially analyzed for these SP/ABD members for the 36-month period from January 1, 1998 to December 31, 2000. In order to ensure an accurate comparison of FFS cost data and managed care cost data, it was necessary to make some adjustments to this claims data. Even after accounting for these adjustments, however, managed care costs were less expensive than FFS costs were for these members. The adjustments to the data are detailed later in this section.

The overall claims savings recognized under HHPO for these SP/ABD members is shown in Table 4. The table includes adjustments and summarizes the comparison of claims savings. Managed care claim estimates in this table are based upon the first twelve months of enrollment in HHPO, while the FFS experience is from the twelve months preceding enrollment in HHPO.

TABLE 4
TOTAL AVERAGE MANAGED CARE CLAIMS COST SAVINGS
FOR SP/ABD STUDY GROUP

	Average PMPM Cost		
	For All Enrollees in Group	For 10 Costliest Enrollees of Group	For Group with 10 Costliest Enrollees Excluded
FFS Claims	$1,369	$19,942	$1,017
Managed Care Claims	$1,169	$24,545	$702
Claim Savings	**15%**	**-23%**	**31%**

As shown in Table 4, the study data was segmented to separate the 10 members with the highest medical claim costs and all other members. Even though the 10 costliest members represented less than two percent of the total SP/ABD membership, they composed approximately 25 percent of all FFS claim costs.[5] Due to their particular needs, these same 10 costliest members actually are more expensive in managed care. This is due to the complex medical needs of these 10 particular individuals and the fact that payment for their care in the managed care environment was not restricted to certain established limits (e.g., payment for only two physician visits per month) as it had been under the state's FFS program.

The total claims costs while in managed care are 15 percent less than the FFS claims costs for the same SP/ABD members, even though the benefits available in managed care are more comprehensive than under the previous FFS program. The assumptions used to derive these savings estimates were intentionally conservative. For example, the FFS claims were not adjusted for inflation. For a direct, more accurate comparison, managed care costs could be compared with what FFS claims would have been if the program remained FFS. To remain conservative, this was done even though it is reasonable to assume that inflation would have increased medical claims costs during the time that elapsed between the FFS program and the managed care program. Therefore, the analysis implies that managed care claims were 15 percent less expensive than FFS even though the managed care claims were for a later point in time and with a more comprehensive benefit package.

[5] The diagnosis for five of these ten individuals is hemophilia which, due to the episodic nature of the illness, generates extremely high claims costs on an irregular and unpredictable basis.

Data Sources and Adjustments

To enable an accurate comparison, the FFS and managed care claims data required certain adjustments. These adjustments can be categorized into three types: payment adjustments, programmatic adjustments, and credibility adjustments.

1. Payment Adjustments

The following adjustments were required to reflect the difference in payment methodologies:

- FFS pharmacy costs were reduced by 20 percent to account for average rebates received by the state.
- Managed care inpatient claims data were increased one percent as a reserve factor to account for unpaid claims.
- Managed care capitated encounter data were increased five percent for possible underreporting.[6]
- Managed care pharmacy costs were reduced by five percent to account for average rebates received by MCOs.

For purposes of this study, other possible payment adjustments were not made. Specifically, the comparisons in SAI's analyses would have been more precise had the FFS claims data been trended to the same later time period as that of the managed care claims data. This would represent what the FFS claims costs would have been if managed care had not been implemented. Another possible trend would have been to include Medicaid fee schedule increases that occurred during the time period of the managed care claims data. Additionally, there are other similar utilization and inflation trends related to the FFS cost data, such as pharmacy costs, that would have occurred during the managed care time period and that could have been adjusted. However, in an effort to be conservative in identifying managed care savings and cost effectiveness, these payment factor adjustments have not been introduced. Had the data been adjusted for such trends, the results could have shown an additional four to seven percent in savings under managed care.

2. Programmatic Adjustment

The second type of adjustment made in the SAI analyses was to increase managed care claim costs by $145 PMPM to recognize additional expenses incurred by the health plan that were not incurred by the state under its FFS program. Note that even though OHCA incurred administrative expenses to serve the SP/ABD population while in FFS,

[6] SAI does not believe the data were underreported; however, an adjustment was added in an effort to err on the conservative side. The method used to price capitated encounters was to use the fee schedule amount that would have been paid had the claim not been capitated.

OHCA's administrative expenses were not added to the FFS costs. Instead, only the additional administrative costs incurred by HHPO were added to the managed care cost.

The additional administrative costs incurred by HHPO are associated with providing ENCs[7] and other managed care programs in order to improve quality, access, and increase claim cost savings. These administrative costs are additional expenses that must be added to the claim costs to reflect total managed care costs. An upward adjustment of $145 PMPM has been added to the managed care data to account for the following additional costs:

- Quality Management.
- ENCs/Case Management.
- Disease Management.
- Prevention and Wellness.
- Prior Authorization.
- Administrative/Financial Services.
- Provider Services.

The method to determine these expenses was specific to this SP/ABD population. For instance, Case Management costs were determined using the following formula:

Case Management Monthly Expense	=	The number of Case Managers needed for this population ÷ 538	×	The average monthly salary, benefits, and expenses for a Case Manager

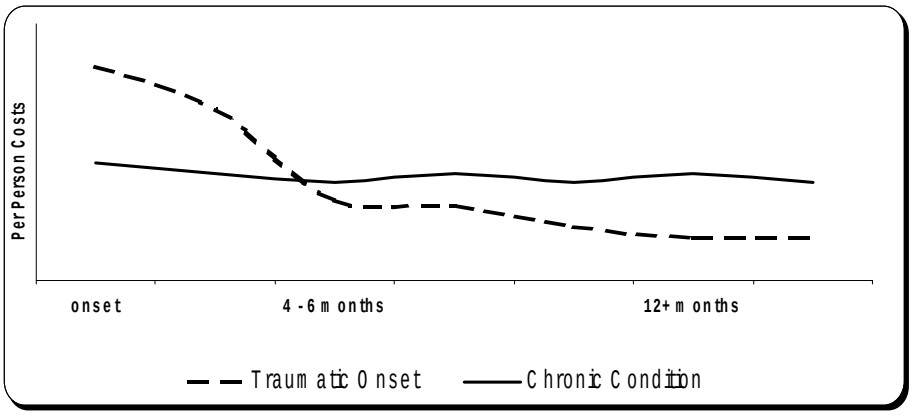
3. **Credibility Adjustment**

Lastly, an adjustment was made to sustain the integrity of the data. To remain conservative and to ensure that the FFS and managed care costs provide for an "apples-to-apples" comparison with regard to medical need, SAI eliminated claims associated with certain diagnostic conditions.

In addition, FFS costs for January through June 1998 were removed from the study's cost comparisons, because claims in this time period may have included costs that were generated by a traumatic incident, such as a car accident. The inclusion of this particular cost data may have skewed the results, since claims incurred immediately subsequent to a traumatic incident are higher than average and may not represent the ultimate risk of that member. This is represented in Chart 2.

[7] ENCs include Registered Nurses and Licensed Social Workers who have specialized case management experience.

CHART 2
COMMON DURATIONAL COST CURVES
TRAUMATIC VERSUS CHRONIC CONDITIONS



In addition, claims for people with diagnoses that related to non-chronic conditions, such as accidents and pregnancy-related conditions, were eliminated from the data. In so doing, SAI is confident that the remaining cost data more accurately represents the cost for treating the chronic conditions experienced by the SP/ABD members.

Cost Effectiveness

In addition to the claims savings, the overall cost effectiveness was calculated for the 538 SP/ABD members. Cost effectiveness was measured by the cumulative effect of the claims savings in conjunction with the additional administrative expenses necessary to achieve improved savings, quality, and access to care. The additional administrative expenses previously discussed are those incurred by HHPO that were not incurred by OHCA. These expenses relate to programs for ENC, quality management, case management, disease management, prevention and wellness, and prior authorization.

The additional expenses calculated specific to the SP/ABD study group were $145 PMPM; this equates to 12.4 percent of the total managed care claims costs. After adding this $145 PMPM to the managed care claims costs, the cost effectiveness for HHPO's SP/ABD study group is shown in Table 5.

TABLE 5
TOTAL MANAGED CARE COST EFFECTIVENESS
FOR SP/ABD STUDY GROUP INCLUDING ADJUSTMENT
FOR MANAGED CARE ADMINISTRATIVE EXPENSES

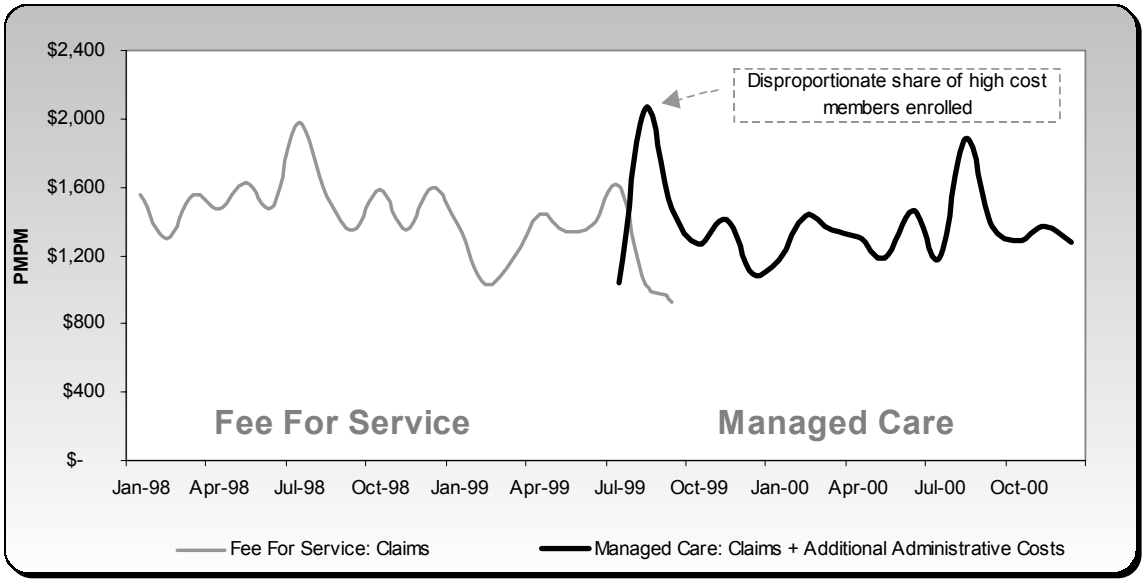
	Average PMPM Cost		
	For All Enrollees in Group	For 10 Costliest Enrollees of Group	For Group with 10 Costliest Enrollees Excluded
FFS Claims	$1,369	$19,942	$1,017
Managed Care Claims plus Administrative Expenses	$1,314	$24,690	$847
Cost Effectiveness (Net Cost Savings)	**4%**	**-24%**	**17%**

The effect of the top 10 costliest enrollees is very noticeable on the overall cost effectiveness. However, the overall cost effectiveness is still positive even with conservative assumptions used by SAI. If a moderate trend assumption to account for influences such as inflation had been included, the overall cost effectiveness would have improved by an additional five to 10 percent.

Further Cost Comparisons

To further illustrate the cost effectiveness of the SP/ABD study group under managed care, additional analyses were made and the findings are shown in the following charts. Each chart shows adjusted costs over time. The managed care costs reflect claims costs plus the additional $145 PMPM administrative costs. Chart 3 depicts the distribution of claims during the entire study period.

CHART 3
AVERAGE SP/ABD COSTS by MONTH
(FFS vs. Managed Care)



Two notable observations can be derived from Chart 3. First, there is a spike in utilization in August 1999. Superficially, this may appear to be due to pent-up demand during the transitional enrollment period. However after further investigation, the spike in utilization was found to be a result of the costliest individuals being the first individuals to enroll into managed care. This outcome is quite reasonable given that those individuals with the highest medical claims costs would be most likely to have consumed their allotted FFS benefits, and by moving to managed care would be eligible to receive unlimited benefits.

The second notable finding is that the cost pattern over the entire time period is erratic. This is due to the inclusion of the claims data for the ten individuals with the highest claims costs. Their costs compose 25 percent of the total FFS cost. When the costs for these individuals are removed from the data set, the results are much more stable. Chart 4 demonstrates the cost pattern of the group as a whole after removing the 10 costliest individuals and their costs from the comparison.

CHART 4
AVERAGE SP/ABD COSTS BY MONTH
(Excluding the 10 Costliest Members)
(FFS vs. Managed Care)

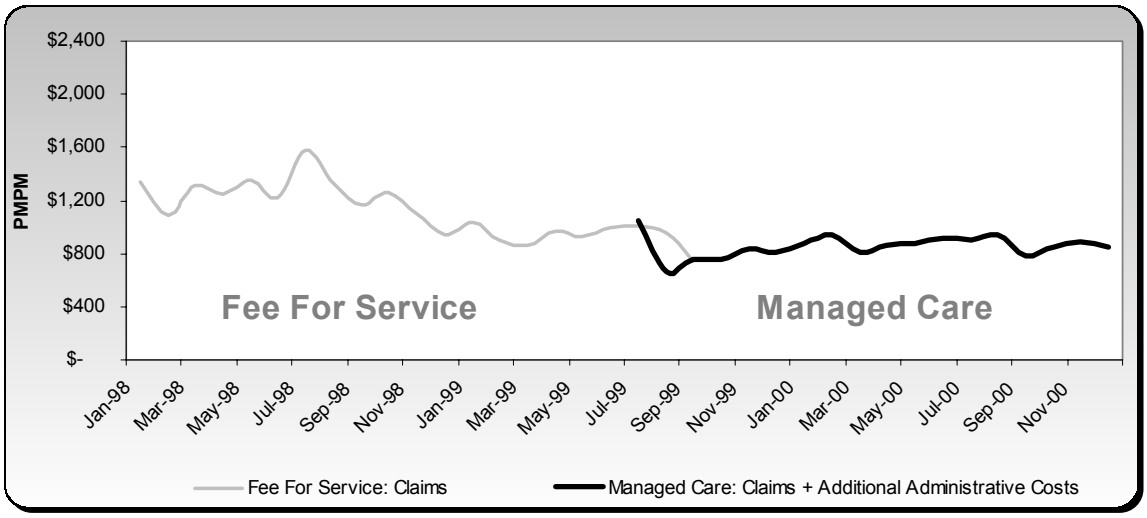
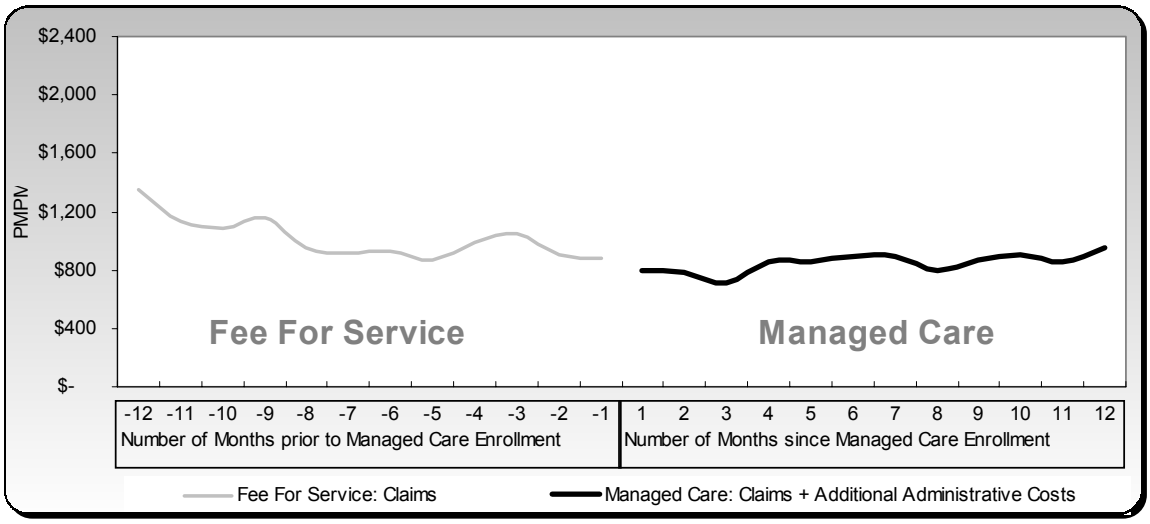


Chart 4 shows that members enrolled into managed care are less expensive and more stable than in FFS. However, a monthly view of the data is slightly skewed by the fact that members are enrolled in managed care for various durations. Since the efficacy of managed care increases the longer a person is enrolled, SAI refined its analysis to illustrate costs on a "durational" basis.

Chart 5 demonstrates the results of this analysis of costs on a durational basis; the duration of enrollment is listed on the X-axis and the PMPM costs are listed on the Y-axis. The positive numbers represent the duration of enrollment for the members who enrolled in managed care regardless of what month the member first enrolled. The negative numbers represent the duration of the months in the FFS program preceding enrollment into managed care (e.g., duration –2 represents enrollees two months prior to enrolling into managed care).

CHART 5
AVERAGE SP/ABD COSTS BY DURATION
(Excluding the 10 Costliest Members)
(FFS vs. Managed Care)



In conclusion, Chart 5 summarizes that managed care is less expensive for every duration of enrollment, even with the additional administrative expenses necessary to achieve these savings.

While the study included claims data for only 538 SP/ABD members, the credibility of the data was greatly enhanced by their chronic diseases that require a large number of health care resources. The number and dollar amount of claims generated by these SP/ABD members was approximately equivalent to what would be generated by 5,000 average TANF members under Medicaid.

Access to Care, Continuity of Care and Member and Provider Satisfaction

Focus Groups

More than any other Medicaid population, SP/ABD members are dependent on the full continuum of services (clinical, social, and environmental). Advocacy groups play a vital role in accessing and linking these members with necessary services and coordinating their complex health care needs through the health care system. SAI contracted with Waddell Pointer & Associates (WPA), an Oklahoma marketing and public relations firm, to conduct a focus group to examine opinions of advocacy groups regarding the enrollment of SP/ABD members into managed care and their subsequent health conditions.

Advocacy groups represented at the focus group included:

- Rose Anne Howlett, National Association for the Mentally Ill Board Member; Customer Service Representative, Integrated Behavioral Health.
- Jan Moss, Community Leadership and Director of Advocacy, Oklahoma University Health Science Center.
- Mark Fisher, Instructor, University of Oklahoma, College of Nursing, Health Science Center.
- Cindy Boerger, Manager of HIV Drug Assistance Programs, Oklahoma State Department of Health.
- Gene Voskuhl, Assistant Professor and Clinical Director, Infectious Diseases Institute, Oklahoma University Health Science Center.

Also invited were community advocates representing associations related to cystic fibrosis and cerebral palsy; however, neither organization was able to send a representative.[8]

Focus group results provided positive feedback as well as afforded HHPO information regarding areas for future improvement. Questions asked of the participants can be classified into three categories: access, continuity of care, and quality.

1. Access to Care

"Creative," was how one advocate described access to care prior to enrollment into HHPO. While advocates explained that there were many efficient, effective, and caring providers in the FFS system, pursuing alternate avenues to access existing benefits and creatively obtain necessary services for members was commonplace. Advocates had to assist members in obtaining vital services through a multitude of uncoordinated systems.

[8] One of the participants has a dependent who received Medicaid services at the time the focus group was conducted.

Prior to enrollment in HHPO, SP/ABD members often waited longer for appointments, traveled further, and sought care from any available provider rather than needed specialists.

In addition to the issues that stem from the lack of a medical home, benefit or payment limitations imposed on the adult FFS members often resulted in those members not receiving necessary medications. For juveniles, however, lack of a medical home often resulted in over medication or improper medication. Advocates felt that prior to enrollment in HHPO, simply obtaining transportation to a provider was a difficult task for many SP/ABD members.

Advocates expressed relief that enrollment into HHPO provided access to the full spectrum of services to all members. Comments from those participating in the focus group included:

- "There is a wider range of services available."
- "More resources are available."
- "Accountability has improved."
- "Navigation through the system is easier and a starting place now exists."
- "There seems to be more access to specialists."
- "There is an allowance for year-long referrals and as needed referrals."

While advocates delineated the successes of managed care, they also elaborated on some areas for improvement. Examples include:

- "Home health access is still an issue."
- "Basic dental access is a huge problem with no providers. Dentists are not stepping up; they are not being given any incentives or reimbursement to take care of this population."
- "Some physicians refuse to participate in HHPO because it is an HMO."

2. Continuity and Coordination of Care

In FFS, advocates expressed concern for the lack of continuity of care among physical therapists, occupational therapists, dentists, and other providers caring for this population. Because of the nature of the SP/ABD population, patients need to be assessed with a view toward overall health and social needs, not just the presenting condition. The advocates felt this rarely occurred due to the uncoordinated nature of FFS.

Enrollment in HHPO, according to the advocates, brought relief to many of the coordination of care issues posed under the FFS program. HHPO has established relationships with a significant number of primary care providers, behavioral health providers, and specialists in the areas specifically needed by the SP/ABD population. In addition, and probably most importantly, OHCA recognized that the SP/ABD

population would require focused attention to coordinate their complex medical needs and mandated the assignment of an ENC for each SP/ABD member. According to the advocates, the ENCs provided by HHPO serve as the vital link between providers and other needed social services. Related comments from the focus group participants included:

- "ENCs provide a comfort level to families in that there is another person and an entity that has the patient's history, information, special needs, information about what may have been tried in the past, etc., so that the family has the support and memory of others to ease the burden as they proceed with additional diagnosis, treatment of care."
- "ENCs are serving as good communication resources and seem to be responsive to the patients and their families. The ENCs also provide good information to families and are very open to learning about new avenues that may be helpful to both patients and family members."
- The ENC guidance that exists is an improvement; it allows for a connection with someone who can assist."

3. Satisfaction with Quality of Services

Advocates felt HHPO improved the day-to-day quality of the services SP/ABD members receive. While physicians contracting with HHPO receive training and information regarding the SP/ABD population, advocates identified this area as needing ongoing enhancement. Such training, advocates believe, makes physicians more compassionate and understanding of the specific needs of this population.

Enrollment in HHPO has provided improved overall care management for the SP/ABD members. Providers are monitored on an ongoing basis and feedback and training are provided. ENCs coordinate with providers to foster timely, efficient, quality information and medical care. According to the advocates, additional HHPO resources, such as Optum® NurseLine[9] and the prescription information line, have proven valuable to the SP/ABD enrollees.

Following the focus group session, HHPO was provided with overall feedback regarding access, continuity, and satisfaction with the quality of services and will continue to address the issues identified including:

- Continuing education and training for providers and their personnel related to the special needs of the SP/ABD patient.
- Coordination of medical, social support systems, and behavioral health care still can be improved.
- Family resources such as respite care are not as accessible as they need to be.

[9] United HealthCare Services, Inc., Optum® NurseLine offers members medical information 365 days per year, seven days per week, 24 hours per day.

- Payment rate issues continue to exist.
- Education regarding the SP/ABD benefits, pharmacy needs, and existing social programs.

Advocates welcomed the additional forum provided by the focus group conducted for this study and HHPO anticipates following up regularly with those in attendance.

Member Survey

To obtain member satisfaction and health status information, SAI contracted with Health Services Advisory Group, Inc. to conduct a member survey of the SP/ABD study group within HHPO. HSAG, recognized nationally for its collaborative approach to surveys and project study design, has been accredited by the American Accreditation Healthcare Commission/URAC since 1993. HSAG is the Peer Review Organization for Arizona and is accredited by NCQA. (For copies of the adult and juvenile surveys, see Appendix B.).

The survey was designed to obtain answers to three key questions:

- Overall, how satisfied are members with their current managed care services?
- How did the transfer from FFS to managed care affect the members' satisfaction with their health care services?
- How did the transfer from FFS to managed care affect the members' perceptions of their health status?

In September 2001, the survey questionnaires were mailed to 312 of the original 538 SP/ABD members. While SAI analyzed claims data and performed a cost analysis for all 538 SP/ABD members in this study, it was not possible to survey all of those 538 individuals due to the changing enrollment (i.e., loss of eligibility) and attrition.

Two hundred surveys were mailed to adult members, and 112 surveys were mailed to the parents/guardians of juvenile members (members younger than 21 years old). Each member received three mailed communications concerning the survey: a postcard announcing the survey, the survey questionnaire itself 10 days later, and a follow-up reminder postcard 10 days after receiving the survey. After an additional two weeks had passed, staff at HHPO attempted to contact, either by telephone or in person, each member who had not responded to the survey.

Prior to sending the survey, HSAG analyzed data from the original OHCA Enrollment Profiles completed by the members prior to or upon their enrollment in HHPO. This comparison of pre- and post-enrollment data permitted the tracking of trends in member perceptions on specific items.

Two hundred and ninety three members received the surveys, with 66 percent (194 members) responding.

TABLE 6 MEMBER SURVEY RESPONSE			
	Adults	JUVENILES	TOTAL
SURVEYS MAILED	200	112	312
SURVEYS RECEIVED BY MEMBERS	186	107	293
SURVEYS COMPLETED	135	59	194
RESPONSE RATE	73%	55%	66%

The three key questions addressed by the member survey were:

1. Overall, how satisfied are the members with their current managed care services?

Members rated the following aspects of their experiences with managed care in HHPO. The highest two response satisfaction categories are "All of the time" and "Most of the time" or "Very good" and "Good" depending upon the question asked.

TABLE 7
SERVICE RATINGS

Service	PERCENTAGE CHOOSING ONE OF TOP TWO RESPONSE CATEGORIES		
	Adults	JUVENILE	TOTAL
CUSTOMER SERVICE DEPARTMENT IS HELPFUL [1]	85%	83%	85%
BENEFICIARY IS RECEIVING NEEDED CARE [1]	83%	83%	83%
BENEFICIARY IS KEPT INFORMED BY DOCTOR [1]	76%	91%	80%
RATING OF OVERALL EXPERIENCE [2]	78%	84%	80%
OFFICE STAFF ARE HELPFUL [1]	77%	84%	79%
RATING OF SPECIALIST (IF REFERRED TO A SPECIALIST) [2]	60%	74%	64%

[1] The top two response categories are "All of the time" and "Most of the time."
[2] The top two response categories are "Very good" and "Good."

As Table 7 shows, for each service area rated, the majority of members chose either the highest or second highest response category. Eighty percent of the respondents rated their overall experience with HHPO either "very good" or "good." With the exception of the question "Does your doctor keep you informed about your health," the responses for the adults and juveniles were not significantly different.

2. *How did the transfer from FFS to managed care affect the members' satisfaction with their health care services?*

The members were asked whether their satisfaction with five aspects of customer service had improved, stayed the same, or declined since joining HHPO. For each area rated, the proportion of members reporting increased satisfaction was significantly greater than what would be expected by chance alone.

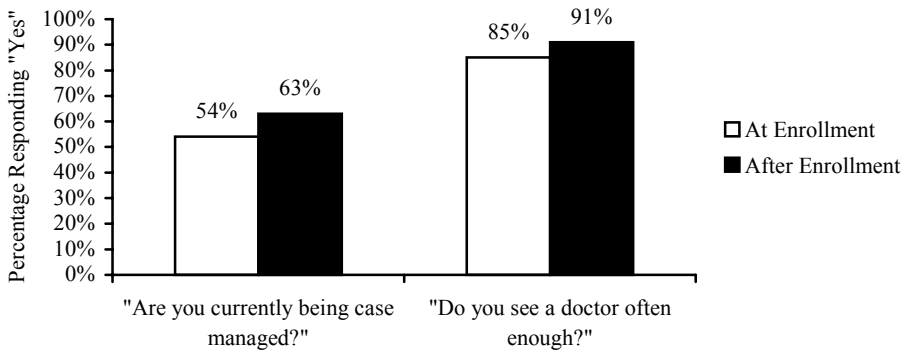
TABLE 8
CUSTOMER SERVICE SATISFACTION
MANAGED CARE (NOW) VS. FEE FOR SERVICE (BEFORE)

Aspect of Service	MUCH BETTER THAN BEFORE	Some-what Better than Before	About the Same Now as Before	Some-what Worse than Before	Much Worse than Before
EASE OF OBTAINING PRESCRIPTIONS	45%	15%	31%	6%	4%
AMOUNT SPENT ON PRESCRIPTIONS	50%	7%	40%	2%	2%
SATISFACTION WITH HEALTH CARE SERVICES RECEIVED	38%	23%	32%	4%	4%
EASE OF SEEING A DOCTOR	33%	13%	36%	11%	7%
RATING OF DOCTORS AND OTHER PROVIDERS	33%	10%	49%	5%	3%

Table 9 compares responses from the member survey and the SoonerCare Enrollment Profile. "Are you currently being case managed?" and "Do you see a doctor often enough?" are two questions that were asked both in the study survey and in the SoonerCare Enrollment Profile completed prior to or upon enrollment into HHPO. The

number of "yes" responses to both of these questions increased after enrollment in managed care, but not to a statistically significant degree.

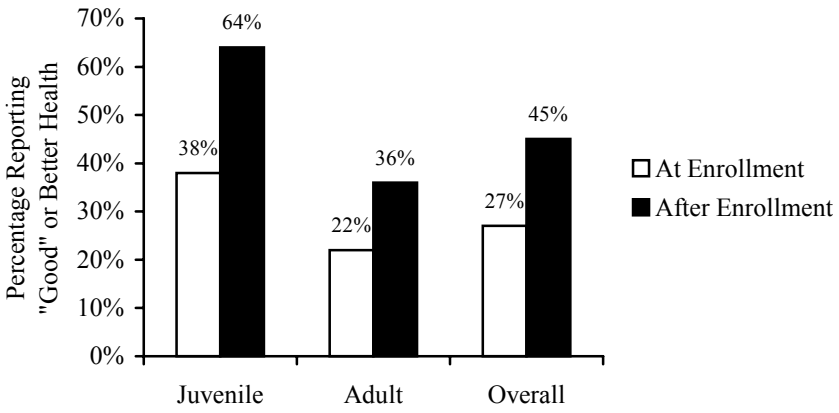
TABLE 9
TRENDS IN USE OF CASE MANAGER AND PHYSICIAN AVAILABILITY



3. *How did the transfer from FFS to managed care affect the members' perceptions of their health status?*

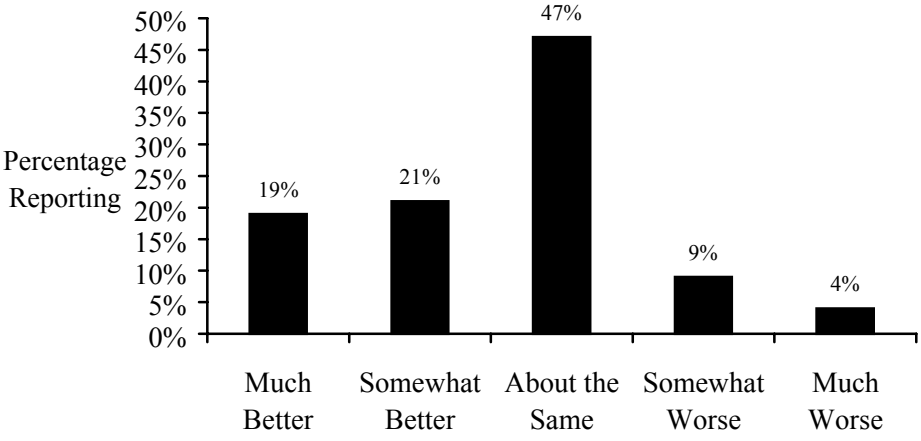
Twenty-seven percent of the members responding to the study survey had described their health status as "good" or "excellent" at the time they completed the SoonerCare Enrollment profile. After enrollment into HHPO, 45 percent of the members described their health status as "good" or "very good" on the study survey. The percentage of increase was statistically significant for both age groups, and was most pronounced for the juvenile respondents.

TABLE 10
TRENDS IN REPORTED HEALTH STATUS



The survey respondents were also asked how their current health status compared to their health status prior to their enrollment in HHPO. Overall, approximately three times as many members reported improved health as reported a decline in health. The proportion of members reporting they perceived improvement in their health status was significantly greater than what would be expected by chance alone.

TABLE 11
PERCEIVED IMPACT OF ENROLLMENT IN MANAGED CARE ON HEALTH STATUS



When asked "The thing I like most about the care I receive from HHPO," members responded:

- "All necessary tests are done and proper care is given."
- "I don't have to wait long to get my medical needs met unless it can't be helped."
- "They provide excellent transportation."
- "The referrals to specialists are quick and efficient."
- "You show a lot of concern and you always call to check on her. You know her. She's not just another patient."
- "They are a Godsend."

When asked "The things I like least about the care I receive from HHPO" member comments showed issues similar to those identified during the survey focus group with the advocates, including:

- "No dental care."
- "Not enough doctors or counselors."
- "Lack of doctors in my area."

In conclusion, results from the survey showed:

- Overall satisfaction with managed care services is high for both adults and juveniles. Eighty percent of the respondents rated their overall satisfaction as either "very good" or "good."
- For each aspect of customer service rated, a statistically significant proportion of the members reported that the quality of the customer service they receive has improved since their enrollment in HHPO. The proportions reporting "Much better than before" or "Somewhat better than before" ranged from 43 percent to 60 percent.
- Of the 194 SP/ABD individuals responding to the study survey, the percentage that described their health status as "good" or "very good" or "excellent" increased from 27 percent upon enrollment in HHPO to 45 percent after enrollment in HHPO.
- Ease of seeing a physician (46 percent responded "Much Better" or "Somewhat better than before") and satisfaction with doctors and other providers (43 percent responded "Much" or "Somewhat better than before") are two potential priorities for quality improvement activities.

Provider Survey

Building partnerships with providers is vital to serving SP/ABD members. In many instances, contracting with primary care physicians to serve as the medical home for SP/ABD members would not be as efficient as contracting with specialists. In an effort to capture information from the providers who specifically serve these members, SAI conducted a provider survey of 63 providers (see Appendix C).

TABLE 12 PROVIDER SURVEY RESPONSE	
Completed the survey	22
Declined to participate in survey	3
No response after three contacts	24
Not at address/phone number provided	14

There were nine questions on the provider survey asking whether providers believed the overall services provided to their members were better in managed care than in FFS, including behavioral health, home health, case management, and pharmacy services. Each response was ranked from one (service much worse under managed care) to five (service much better under managed care).

Table 13 presents the survey results from the 22 HHPO providers.

TABLE 13
PROVIDER SURVEY RESPONSE[10]
MANAGED CARE (NOW) VS. FEE FOR SERVICE (BEFORE)

Aspect of Service	Much Better than Before	Better than Before	Same as Before	Worse than Before	Much Worse than Before
Overall member care	0%	59%	27%	14%	0%
Member behavioral health services	05%	48%	43%	04%	0%
Pharmaceutical services	18%	41%	18%	14%	09%
Member home health services	10%	58%	31%	0%	0%
Provider ability to obtain information	04%	27%	68%	0%	0%
Case management services	14%	50%	36%	0%	0%
Ease of obtaining prior authorization	18%	23%	32%	23%	04%
Timeliness of reimbursement	07%	71%	21%	0%	0%
Level of reimbursement	06%	31%	25%	37%	0%

Under FFS, pharmacy benefits for those over age 21 were limited to payment of three prescriptions per month. While provider survey results did show enhanced satisfaction

[10] In some instances, providers answered "unknown" because they had not utilized the services in question or they did not have sufficient knowledge to answer the question. Percentages provided are based on the number of providers who responded.

with access to pharmaceutical needs, the level of satisfaction was not as high as anticipated. This is most likely due to the use of generics and formularies in managed care.

With regard to timeliness and level of payment, contrary to traditional beliefs about managed care and poor payment practices, the provider survey showed a high level of satisfaction with timeliness and an average amount of satisfaction with the level of payment.

In conclusion, providers found that the managed care environment offered:

- Enhanced overall satisfaction with services.
- Increased ability to obtain member information.
- Quality case management services.
- Easily obtained prior authorization.

The provider and member survey results reflect the validity of OHCA's mandate that each SP/ABD enrollee be assigned to an ENC immediately upon enrollment into a SoonerCare health plan. If a newly-enrolled SP/ABD member cannot be reached by his/her ENC by telephone, the ENC will make a home visit. ENCs coordinate development of individualized treatment plans and will contact members two times per month during the duration of their enrollment.[11]

ENCs are experienced in working with members with complex needs and work closely with the HHPO Prior Authorization (PA) Department, concurrent review nurses, and case managers. PA notifies the ENC of all pending hospital admissions and concurrent review nurses monitor the member through to discharge. It is such relationships that facilitate proper discharge planning and transitioning for members who have been hospitalized.

Successful utilization and quality assurance programs also require strong provider partnerships. ENCs at HHPO have established strong working relationships with their provider network. As a result, treatment plans are collaborative and integrated across delivery systems, focusing on the individual needs of the SP/ABD member. Providers create treatment plans that may include, but are not limited to:

- A home assessment of member/family needs.
- A multi-disciplinary health evaluation by a team assembled for this purpose.
- Having a specialist to serve as the member's PCP.
- Integration of the health, family, and community resources to meet the member's complex needs.

[11] In year five (7/1/99-6/30/00) of the SoonerCare program, ENCs were required by OHCA to contact SP/ABD members one time per month. In year six (7/1/00-6/30/01) of the SoonerCare program, ENCs were required by OHCA to contact SP/ABD members two times per month.

- Establishing goals and outcomes with members to foster appropriate self-management of care.

In addition to facilitating the development of and compliance with treatment plans, ENCs coordinate referrals to specialists and refer members to community organizations in an effort to provide access to the full continuum of medical, behavioral, social, and environmental services.

New services and recurring member issues are discussed through updates to the HHPO Provider Manual, quarterly newsletters, direct mailings, and on-site training. SP/ABD members are educated through member newsletters and, most importantly, through their monthly contacts with their ENCs.

Conclusion

Traditionally, SP/ABD individuals, their health care providers, and community advocates have been somewhat skeptical about managed care adequately serving special needs populations. They predicted limited access to specialists, low payment schedules for providers, and reduced quality and satisfaction under managed care. The results of this study's surveys and analyses provide preliminary detailed evidence that SP/ABD populations can be successfully served in a managed care environment. Costs savings, cost effectiveness, and positive provider and member satisfaction were supported by the findings of this study.

Comparisons and analyses of the claims data show savings of approximately 15 percent under managed care over what had been spent for the same SP/ABD population under a traditional FFS Medicaid program. When the 10 individuals with the highest medical claims costs were removed from the study's calculations, the savings under managed care increased to 31 percent.

As shown through the focus group and the member and provider surveys, access, continuity of care, and perception of health status improved under managed care. Forty-five percent of the study group declared their health status to be "good" or "very good" under managed care, while only 27 percent of those individuals had considered their health status to be "good" or "excellent" while in the Medicaid FFS program.

These findings should be applicable to Medicaid managed care programs operated in other states. However, one of the keys to the success of the enrollment of the SP/ABD population in HHPO was the recognition of the fragile and complex nature of the SP/ABD population by the Oklahoma Health Care Authority. Their mandate for the assignment of an ENC to each SP/ABD managed care enrollee was a primary factor in the satisfaction demonstrated in the study's focus group and member surveys.

Appendix A

SP/ABD SoonerCare Outreach Enrollment Profile

NOTE: ALL INFORMATION DISCUSSED DURING THE ENROLLMENT/ASSESSMENT PROCESS IS PROTECTED BY THE MEDICAID CONFIDENTIALITY RULES.

CLIENT'S NAME	DATE:
CASE NO.	PHONE NO.
DATE OF BIRTH	SS#
PARENT/GUARDIAN/SPOUSE/PARTNER	PCP/PLAN SELECTION
CITY: STATE: ZIP:	CURRENT PROVIDER(S)

1. HOW WOULD YOU DESCRIBE YOUR HEALTH?
- ☐ POOR ☐ FAIR
- ☐ GOOD ☐ EXCELLENT

2. HOW OFTEN DO YOU SEE A DOCTOR?
- ☐ WEEKLY ☐ MONTHLY
- ☐ TWICE A MONTH
- ☐ YEARLY

3. DO YOU SEE A DOCTOR OFTEN ENOUGH?
- ☐ YES ☐ NO

4. ARE YOU RECEIVING ALL THE MEDICAL SERVICES YOU NEED?
- ☐ YES ☐ NO

5. ARE YOUR DISABILITIES RELATED TO: CHECK ALL BOXES THAT APPLY
- ☐ VISION ☐ HEARING
- ☐ MOBILITY ☐ MENTAL HEALTH
- ☐ MEMORY ☐ COMMUNICATION
- ☐ OTHER_____

6. WHAT IS YOUR DIAGNOSIS? (PRIMARY/SECONDARY)
- ☐ PRIMARY 1,2 ☐ SECONDARY 1,2

1-_____
2-_____
3-_____
4-_____

7. WHAT MEDICATIONS DO YOU USE EVERYDAY?
- ☐ NONE
- ☐ HEART
- ☐ BLOOD PRESSURE
- ☐ THYROID
- ☐ DIABETIC PILLS ☐ DIABETIC SHOTS
- ☐ OTHER_____

8. ARE YOU ALLERGIC TO ANY MEDICINES?
- ☐ NONE
- ☐ SULFA ☐ CODEINE
- ☐ PENICILLIN ☐ TETRACYCLINE
- ☐ MORPHINE ☐ ERYTHROMYCIN
- ☐ OTHER_____

9. DO YOU USE OVER THE COUNTER MEDICINE?
- ☐ YES ☐ NO

10. DO YOU USE NATURAL HOMEOPATHIC REMEDIES?
- ☐ YES ☐ NO

11. ARE YOU ALLERGIC TO ANY FOODS?
- ☐ YES ☐ NO

12. DO YOU HAVE PROBLEMS CHEWING/SWALLOWING? (FOODS OR MEDICINES)
- ☐ YES ☐ NO

13. DO YOU USE FOOD SUPPLEMENTS?
- ☐ YES ☐ NO

14. DO YOU USE LAXATIVES ON A REGULAR BASIS?
- ☐ YES ☐ NO

15. ARE YOU ON A SPECIAL DIET?
- ☐ YES ☐ NO

16. HAVE YOU SEEN A DENTIST IN THE PAST YEAR?
- ☐ YES ☐ NO

17. DO YOU HAVE ANY DENTAL PROBLEMS?
- ☐ YES ☐ NO

18. DO YOU HAVE ANY SLEEPING PROBLEMS?
☐ YES ☐ NO

19. ARE YOU CURRENTLY BEING CASE MANAGED?
☐ YES ☐ NO

20. IF NOT, DO YOU FEEL YOU NEED A CASE MANAGER?
☐ YES ☐ NO

21. ARE YOU CURRENTLY RECEIVING MENTAL HEALTH, SUBSTANCE ABUSE OR REHAB SERVICES?
☐ YES ☐ NO

22. DO YOU RECEIVE RESPITE SERVICES?
☐ YES ☐ NO

23. DO YOU CURRENTLY RECEIVE: CHECK ALL BOXES THAT APPLY
☐ NONE
☐ PHYSICAL THERAPY
☐ SPEECH THERAPY
☐ OCCUPATIONAL THERAPY
☐ OTHER_____

24. DO YOU CURRENTLY USE ANY OF THE FOLLOWING EQUIPMENT OR SUPPLIES: CHECK ALL BOXES THAT APPLY
☐ NONE
☐ INCONTINENT DEVICES
☐ OSTOMY SUPPLIES
☐ DIABETIC SUPPLIES
☐ CATHETER SUPPLIES
☐ OXYGEN SUCTIONING
☐ MONITORS APNEA
☐ WHEELCHAIR
☐ PROSTHETICS
☐ OTHER_____

25. DO YOU CURRENTLY REQUIRE ANY OF THE FOLLOWING PROCEDURES: CHECK ALL BOXES THAT APPLY
☐ NONE
☐ TUBE FEEDING
☐ CATHETERS
☐ OXYGEN/TRACH
☐ VENTILATOR
☐ OTHER_____

26. DO YOU USE TOBACCO?
☐ NOT AT ALL ☐ EVERY DAY
☐ 2-3 TIMES A WEEK
☐ OCCASIONALLY

27. DO YOU USE ALCOHOL?
☐ NOT AT ALL ☐ EVERY DAY
☐ 2-3 TIMES A WEEK
☐ OCCASIONALLY

28. DO YOU EXERCISE?
☐ NOT AT ALL ☐ EVERY DAY
☐ 2-3 TIMES A WEEK
☐ OCCASIONALLY

29. DO YOU LIVE IN:
☐ YOUR PRIVATE HOME
☐ COMMUNITY BASE CARE
☐ NURSING FACILITY
☐ OTHER_____

30. HOW FAR ARE YOU FROM YOUR DOCTOR?
☐ 0-5 MILES ☐ 6-10 MILES
☐ 11-15 MILES ☐ GREATER THAN 15 MILES

31. HOW FAR ARE YOU FROM YOUR HOSPITAL?
☐ 0-5 MILES ☐ 6-10 MILES
☐ 11-15 MILES ☐ GREATER THAN 15 MILES

32. DO YOU REQUIRE SPECIAL TRANSPORTATION FOR MEDICAL CARE?
☐ NO
☐ LIFT VAN ☐ AMBULANCE
☐ OTHER_____

33. DO YOU REQUIRE AN ATTENDANT WHEN YOU ARE TRANSPORTED FOR MEDICAL CARE?
☐ NO ☐ FAMILY
☐ FRIEND ☐OTHER_____
☐ NURSE

34. DID YOU GRADUATE FROM:
☐ HIGH SCHOOL
☐ VOCATIONAL SCHOOL
☐ COLLEGE ☐ NONE

35. ARE YOU EMPLOYED?
☐ YES ☐ NO

36. DO YOU HAVE A LIVING WILL?
☐ YES ☐ NO

COMMENTS:

Appendix B

Member Survey

PDF versions of member surveys are available in the Publications section of CHCS' website at www.chcs.org.

Appendix C

Provider Survey

1. How would you rate the **overall care** that your patients receive at this time when compared to the overall care they received prior to enrolling in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

2. How would you rate the **behavioral health** care that your patients receive at this time when compared to the behavioral health care they received prior to enrolling in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

3. How would you rate the access to **pharmaceutical** needs that your patients have at this time when compared to access to appropriate pharmaceutical needs they had prior to enrolling in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

4. How would you rate the access to **home health** care that your patients have at this time when compared to the access to home health care they had prior to enrolling in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

5. How would you rate your ability to **obtain information** about your patients at this time when compared to your ability to obtain information about your patients before they enrolled in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

6. How would you rate the **case management** services available to your patients at this time when compared to the case management services available to them before they enrolled in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

7. How would you rate your ability to **obtain authorization** of services for your patients at this time when compared to the ease in obtaining authorization of services before they enrolled in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

8. How would you rate the timeliness of **receiving payments** for services to your patients at this time when compared to the ease of receiving payment for services to your patients before they enrolled in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

9. How would you rate the **level of payment** for services to your patients at this time when compared to the level of payment for services to your patients before they enrolled in Heartland Health Plan?
   Much Worse Worse The Same Better Much Better

Appendix D

Research Personnel from Schaller Anderson, Incorporated

- Joseph P. Anderson
  Chariman and CEO
- Arthur L. Pelberg, MD, MPA
  President
- Timothy J. Hyland, CPA, FHFMA
  CFO and Senior Vice President of Finance and Business Development
- Todd Galloway, FSA, MAAA
  Vice President of Actuarial Services
- Jennifer Goodman, JD
  Manager, Medicaid and Medicare Business Development
- Neil R. West, MD
  Associate Medical Director
- Howard Abugow, MBA
  Senior Financial Analyst

Study Support Personnel from Heartland Health Plan of Oklahoma

- Sally Venator
  Chief Executive Officer
- Kathy Musser, MD
  Chief Medical Officer
- Carolyn Reconnu, BSN, RN, CCM
  Exceptional Needs Coordinator Team Leader

Data Sources for Study Analyses

Oklahoma Health Care Authority
- FFS Claims for SP/ABD Population for January 1, 1998 through September 30, 1999.
- SoonerCare Enrollment Profiles for SP/ABD Population.

Waddell Pointer & Associates
Oklahoma City, Oklahoma
- Transcription of Focus Group held on October 2, 2001 in Oklahoma City.

Health Services Advisory Group, Inc.
Phoenix, Arizona
- Summary Findings for Member (Adult and Juvenile) Survey conducted by mail during September 2001 with telephone follow-up during October 2001.

Heartland Health Plan of Oklahoma
Oklahoma City, Oklahoma

- Summary Findings for Provider Survey conducted by telephone during November and December 2001.

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